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THE OHIO
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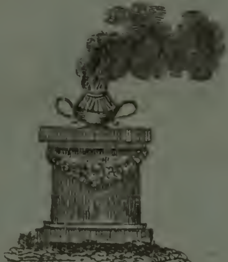
EDITED BY JOHN DAWSON, M. D.,
Professor of Anatomy and Physiology in Starling Medical College, and formerly Physician and Oculist to the State Asylum for the Education of the Blind,



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THE OHIO
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PART FIRST.

ORIGINAL COMMUNICATIONS.

Art. I.—*A Case of Carcinoma, involving the Stomach and Liver, &c., with Clinical Observations.*

I was called upon, during the past month, to make a post mortem examination in the following interesting case, at the request of the physician who had been in attendance. Before describing the pathological appearances, it may not be uninteresting to allude to a few of the leading features of the disease in its progress, as I have gained them. They must necessarily be very brief and meagre.

A. B., a married man, aged about 45 years, dated the commencement of his illness from an injury received a year since, in the epigastric region, from a fall. About that time he began to complain of pains of a lancinating character in the epigastric and right hypochondriac regions, want of appetite and frequent vomitings, and shortly afterwards noticed a swelling which, beginning apparently in the epigastrium, soon occupied that region entirely and the right hypochondrium. During this time the pains were not constant, but he was scarcely ever free from a sensation of uneasines about the stomach. He would have paroxysms of severe pain, which sometimes were of short duration, but as often would continue several hours. Emaciation began at an early period of the disease and progressed steadily until death. Towards the last, vomiting was a more frequent symptom, so much so that only very little food was retained, and the pain after eating increased in intensity. The

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vomited matter consisted (beside the indigested food) of green and dark colored fluids, sometimes mixed, sometimes separate. The pulse was frequent, small, and wiry, and a disposition to constipation was a prominent symptom throughout the course of the disease. The skin was cool, but assumed that peculiar dirty greenish-yellow color which has been often said to denote the malignant cachexy. The tumefaction increased rapidly until death.

The body was examined fourteen hours after death, in the presence of several physicians, and the following pathological conditions were noted. There was no very great rigidity. The color of the skin, as above mentioned, remained evident all over the body. The back and dependent parts somewhat discolored by gravitation. There was also slight œdema of the legs and feet. The body was generally emaciated and the muscles attenuated and flabby. The face still retained an expression of suffering, but there was no great contortion. Even upon external inspection, the abdomen appeared enlarged by an accumulation of fluid and by a tumor which could be seen and felt, occupying the epigastric and right hypochondriac regions. The thorax was well formed and natural in appearance.

An incision was made extending from the superior extremity of the sternum to the pubis. The thorax was first examined. The *pleura* on the right side was normal, with the exception of a few small, hard bodies of a yellowish color, about the size of No. 4 shot, found immediately beneath its pulmonary surface and adherent thereto. On the left side there were several adhesions of considerable extent, evidently of long standing. The *lungs* were slightly œdematous at their apices; probably post mortem. In the apex of the left there were a few calcareous cicatrices. At the base of the right lung, the yellow tubercular corpuscles were again seen, as before, immediately below the pleural covering. In other respects, the pulmonary textures presented a normal appearance. The *heart* and vessels were natural in size and position, and its membranes healthy. These were not further examined. The *diaphragm* had upon its inferior surface a number of small bodies resembling those found in connection with the pleura. They were situated all together, on the right side, over the liver. The great *omentum* was adherent to the walls of the abdomen throughout its whole extent. A considerable quantity, a little more than three pints in all, of sanguineo-serous fluid was contained in the cavity of the abdomen. The intestinal peritonæum was healthy, nor indeed were there any signs of recent inflammation throughout the whole extent of that membrane.

The *liver* was found to be much enlarged, occupying the entire right hypochondriac and epigastric regions, and weighing about ten pounds. Its exterior was of a lighter color than natural and studded over with light yellow tumors, varying in size from that of a split pea to that of a dollar. On the superior and anterior surface of the right lobe, was a coagulum of small size, apparently of recent date, resting over two small apertures, in the peritonæal coat, from which the blood had evidently proceeded. There were no abnormal adhesions superiorly. The ligaments were somewhat lengthened, otherwise normal. Inferiorly there were adhesions with the pyloric extremity of the stomach, pancreas and transverse colon, so firm as to render separation difficult. On cutting into the right lobe, after removal from the body, the normal structure was found to be almost entirely destroyed and replaced by cerebriform masses, contained in membranous cysts, forming tumors of various sizes, the largest probably as large as a walnut, and also by collections of dark fœtid pus, which occupied cavities at some points and at others was infiltrated through large portions of the organ without any definite boundary. The left and lesser lobes presented the same appearances in a less degree, although no part of the structure seemed to be free from the disease. Near the neck of the gall bladder was a thin cyst the size of a pigeon's egg, at first mistaken for the gall-bladder changed and contracted, containing a greenish fluid of the consistency of serum. This appeared to have no connection with the gall-bladder or its duct. The *gall-bladder* was in its normal position, of proper size, dark colored and contained a small quantity of very dark bile. On its internal surface was a coating of carbonaceous deposit.

The *stomach* was contracted and pale, somewhat drawn to the right, and firmly adherent to the liver, pancreas and colon. It was surrounded by much fat, particularly toward its cardiac extremity. About two-thirds of its extent from the cardiac toward the pyloric orifice it appeared pale and flabby, but bore no mark of disease, with the exception of an abrasion or rather a slit in the mucous membrane, near the centre of the grand *cul de sac*, which appeared as if it had been made accidentally during the examination. The remaining portion, toward the pylorus was pale but much thickened, the walls being from half to three quarters of an inch through, and were hard, almost like cartilage under the knife. The mucous membrane was thickened and ecchymosed in spots, and on the posterior wall, near the pylorus, which was much contracted and its valves almost destroyed, there was an ulcer, as large as half a dollar, which had perforated the coats of the stomach, forming an opening through which the contents of the organ were only prevented from escaping into the abdominal cavity by the adhesions surrounding it, formed with the pancreas and parts adjacent. The edges of the ulcer were elevated and ragged, and the mucous membrane surrounding it was roughened, ecchymosed and abraded in various places. The usual puckering was seen in the vicinity. The *duodenum* appeared unaffected. The *pancreas* was involved in the general cancerous degeneration. The *colon* was contracted and adherent, as before mentioned, in its transverse portion, but seemingly was not otherwise affected. The *mesenteric glands* were enlarged, and some of them softened, others again only indurated. The *small intestines* and other viscera were healthy. Brain was not examined. Portions of the diseased tissues were submitted to the microscope. The following report thereof is furnished by Dr. GUNDRY, who, with myself, made the necessary examination.

"*Microscopic Examination.*—An incision was made into the portion of the stomach handed to me, comprising the pyloric end of that viscus, including a well marked and extensive ulceration with a central perforation. From the freshly cut surface there exuded the peculiar milky fluid, (the so-called *cancer juice.*) Various specimens from this and other incisions were examined under a good quarter inch object glass, with the following results: The field was occupied by numerous cells, granular matter, free nuclei, and globules, the last being of flat, floating in an homogeneous viscid fluid. The cells were by no means uniform in their form and size, quite unconnected with each other, and floating freely in the containing fluid. The edges of these cells are uneven, none of them forming straight lines. Both simple and compound varieties were present, the latter, however, being comparatively rare. As regards form, the polygonal or ovoid cell decidedly preponderated, though there were many of the *caudate* or *fusiform* variety, (formerly considered the true cancer cell.) These cells had nuclei also differing from each other in shape and size, though always large in comparison with the cell which contained them. The *nucleoli* within these latter were in no one position. Their various position within their respective nuclei—their comparative large size, the want of uniformity in the number within each nucleus, and the pearl like brilliancy produced by a slight change of the focus and light, all of which were distinctly observed, are somewhat characteristic of the cancerous structures. There were also large numbers of free *nuclei*, differing from each other in size and shape, but containing one or more nucleoli as already described. Numberless granules were also observed dotting over the field, obscuring to some extent the other formations. The addition of acetic acid, cleared up the field making the cell, wall, and the nuclei more transparent without affecting the nucleoli. Many specimens of the milk-like fluid were examined in the same manner with similar results.

"A thin section of the wall, near the ulcer, was placed under a lower power. The celular bodies, already described, were numerously distributed throughout the specimen, apparently entangled in the meshes of a *fibrous* stroma. This latter consisted probably of both kinds of fibre: acetic acid rendered the field clearer, making the white fibre transparent, and leaving the yellow in view. The cells and nuclei have no connection with the fibrous element, and do not form any distinct laminæ. The surface of the ulceration was scraped with a knife. The fluid thus obtained yielded the same results as that previously described.

"The mucus membrane did not seem to be involved. In some places it was slightly thickened. Round the ulcer the epithelium was destroyed.

"The microscopic character of the portion of the *liver* examined, resembled the pyloric tissues in its elementary constituents. The hepatic tissue was replaced by encephaloid matter. The cells, as was to be expected, were more abundant and generally larger, and bore a much greater proportion to the fibrous stroma than was the case in the gastric variety. The puriform matter which was somewhat fœtid, consisted principally of cells and nuclei in their usual variety of forms, but more generally in a state of more or less disintegration. Broken down blood discs and pus globules were also mixed up with them, together with a great abundance of granular matter.

"A slightly enlarged mesenteric gland was also found to be studded with multi-nuclear cells throughout its parenchyma.

"In the examination of these structures, we derived assistance from the employment of the polariscope, in addition to other means.

The slight inequalities of surface, and delicate markings, are thus rendered more distinct to the eye than when viewed by simple illumination. Its more general use in the investigation of both normal and abnormal tissues, would doubtless lead to some valuable results.

"A question naturally arises, are the appearances thus gained sure evidence of the existence of carcinomatous disease? Taken in connection with the testimony derived from other sources, the appearance to the naked eye of a hard, yellowish white, striated, thickening of the pylorus, exuding a thick milky fluid when cut, there is little room for doubt. The hard scirrhous thickening of this organ, with the comparatively soft encephaloid matter from the liver differing widely in many prominent characteristics, are found to possess identically the same elements, though in varying proportions, and adapting themselves to the organs and tissues in which these elements may become developed. Thus, in this case, the same general disease diffusing itself in various organs takes on apparently very different local manifestations, being soft and easily broken down in one place, yet of almost stony hardness in another situation. While, therefore, the microscope is not to be relied upon to the exclusion of other means of diagnosis, it yet offords valuable aid by no means to be overlooked. It is to assist, not to supersede the eye and finger of the pathologist. With regard to the determination of a cancerous affection, no single element can be relied upon as characteristic, whether it be sought for in the nature of the cells, the matrix or the arrangement of the elementary constituents. It is only by a careful observation and comparison of the collective appearances the microscope reveals that a decision can be arrived at. This again must not be disconnected with the symptoms derivable from the more general examination. Moreover, the appearances seen under the microscope, may not only occasionally mislead, unless great care is employed, but it has also happened to some of the best pathologists, to search without success for the usual microscopical appearances of cancer, when other more general signs and the subsequent history of the case have determined the tumor in question to be cancerous in its nature. As a general rule, it may be stated, *that a morbid growth from whose cut surface a milky fluid can be pressed, which the microscope resolves into multi-nuclear cells of various forms and size, and a section of which consists of similar cells in a mesh of fibrous stroma* may be regarded as cancerous. And, the variations of the arrangement and proportions of these elements depend altogether upon the localities in which they form their habitat, and develope themselves, and give rise to the various names by which the different manifestations of this disease have been described. In the present case, the history, the physical characters of the various forms in which the disease appeared, together with the microscopic evidence can leave no reasonable doubt upon the matter."

This case suggests several interesting inquiries. The cause of malignant growths like that of scrofula and some other diseases is involved in obscurity. We say that cancer is a constitutional affection, sometimes hereditary, sometimes accidental, and often we can go no further. At times, it can apparently be traced to a blow or other cause of irritation, but neither injury nor irritation, however long kept up, would be likely to produce such growths in a constitution not already predisposed to them, although no proof of such predisposition be apparent. Until further light is thrown on the subject,· we must be content to quietly assert that it arises "from a perversion of nutrition."

The compartive frequency of malignant affections is of interest. They are undoubtedly less frequent than any other class of diseases so widely known. They have been known from the earliest authentic dates, and do not appear to have increased in their frequency. Neither have their habits changed with regard to the organs attacked by them. Cancer of the breast seems to have been as common two hundred years since as now, and persons of the same age and habits die of these affections at the present date as died then.

Neither season, climate nor locality seem to have any great influence in preventing or producing these growths. They are found in all parts of the world where man has found a habitation, and seem to observe the same rules every where. Civilized man appears more obnoxious to them than the savage, but it is perhaps because his habits are more favorable to the production of that state of the system in which the latent predisposition acts with greatest energy. Besides he is longer lived, and, therefore, according to the best authorities more liable.

Like tubercle, they have never shown a disposition to become epidemic, but unlike the vice above named, they can never be strictly called endemic.

Since the first knowledge of cancer, certain organs have been known to be more frequently affected by it than others, and of these the uterus, is said by the authorities, to be that most frequently attacked. The stomach comes next, the mammary gland third, and the liver fourth.

In each, it partakes in structure somewhat of the nature of the tissue which it destroys. Thus, in the stomach, it is usually fibrous, in the liver encephaloid, &c. Its progress is much influenced by its situation. In dense structures it is often very slow, while in some of the larger glands, and in the brain it is fearfully rapid.

When the stomach is attacked, the pylorus is its most frequent seat, the great cul de sac next, and the curvatures last. When perforation of the gastric walls occurs, the posterior is that usually perforated, but this is not universal, for the writer made an examination of the body of a man in 1853, who died suddenly with the symptoms of acute peritonitis, after having been long ill, evidently with cancer of the stomach, and found the whole pyloric extremity of the stomach cancerous, and a perforation in its anterior surface.

The symptoms of cancer are every where, in the beginning, rather obscure. This is particularly the case when the stomach or liver is attacked. Indeed, in cancer of the stomach, which organ is generally primarily effected, there are no characteristic symptoms in the beginning. A patient will have prescriptions given him for dyspepsia, acidity, gastralgia, &c., and it is not until he or his physician discovers a tumor in the epigastrium, emaciation sets in, or he vomits characteristic matters, that the nature of his trouble is suspected.

The same remarks are true of the disease affecting the liver. Chronic inflammation, spasms of the gall duct, gallstones are prescribed for, until emaciation and tumefaction are apparent, and then he must die.

He who discovers symptoms pathognostic of these troubles, will confer a lasting benefit upon the suffering; for he will be able to relieve if he cannot cure, and will avoid aggravating sufferings, already grievous in the extreme. S. L.

Art. II.— *On Veratrum Viride as a Remedy in Certain Diseases.*

By R. S. Conner, M. D., Sarahsville, Noble county, Ohio.

In the following account of my experience in the use of *Veratrum Viride,* it is not expected to benefit the medical profession to any considerable extent, but simply to call the attention of practising physicians to its use, hoping that we may ere long be furnished with a more complete and full description of this powerful and valuable plant, in connection with its *modus operandi,* than is given in our medical standards. The Ohio Medical and Surgical Journal, of March, 1855, contains Dr. Norwood's experience with the tincture of Veratrum Viride. It is there claimed to be decidedly and promptly sedative, controlling with certainty morbid cardiac and arterial action, without necessarily producing nausea or vomiting, when administered at first in small doses. In his paper, he sums up the medical properties of Veratrum Viride as follows :—1. It is acrid in a limited degree. 2. It is deobstruent or alterative, even surpassing this well known property of calomel and iodine. 3. It is expectorant, so prominently so that he deemed it unnecessary to add any other article to promote that action. 4. The author says it is one of the most prompt and reliable diaphoretics belonging to the *materia medica.* 5. It is nervine, not narcotic. 6. It is one of the most certain and efficient emetics known. 7. The most highly prized property attaching to the drug, is that it is an *arterial sedative,* which characteristic well fits it to fill an extensive area in the medical field.

My experience in the use of Norwood's tincture of Veratrum Viride, for the past eighteen months, fully accords with the author's description of its mode of operation. It is not claiming too much for Veratrum, to say that it is one of the best acquisitions to our materia medica which the research of years has produced. It is of late but too common for physicians, and sometimes journalists, to puff new remedies beyond what they merit, and upon their being submitted to an experimental test they quietly sink to an obscurity even below what they really merit—such a fate, I think, lays not in wait for Veratrum. To say that Veratrum Viride is truly a *reliable remedy* to control cardiac and arterial action, in a great majority of inflammatory diseases, is not transcending the truth, nor even that necessary moderation and candor which should ever characterize the therapeutical writer. With regard to the objects contemplated in the use of the remedy, I have realized my most sanguine expectations, and it would suggest itself to me as a great *desideratum*—a remedy that will safely and certainly reduce the action of the heart and arteries without directly expending the circulating fluid. Such a remedy is Veratrum Viride. The fitness of this article in typhoid fever will be apparent when we take into consideration that the great mortality which follows in the wake of this disease, is owing to local inflammation and its consequences in the eliptical patches of glands in the bowels. Without stopping here to discuss the proposition whether the inflammation in question be the direct result of a morbidly increased *vis a tergo* or *vis suctionis vel attractionis,* we will give its mode of action in the prevention of those disastrous consequences referred to. It is probably through the medium of the nervous system that the action of the heart and arteries are reduced by the administration of Veratrum Viride. It is reasonable and philosophical to conclude that where inflammation possesses an organ or tissue, that morbid action will be much influenced by the action of the heart and arteries, and that the subsequent local inflammation will be controlled in proportion as we control the cardiac and arterial action. If the *vis a tergo* or force from behind be active and continuous, the already congested tissue will receive an undue amount of blood, consequently the result, (inflammation ;) hence, in sthenic inflammations we call to our aid the sedative influence of blood-letting, which relieves the pathological condition by taking off arterial and cardiac action, thereby affording the congested vessels an opportunity to contract and throw their contents into the circulating current. Now, if our object can be accomplished, viz : a reduction of the febrile movement, and a healthy promotion of the excreting and secreting vessels, and avoid sanguineous evacuations, it will be accomplishing an object long desired by the practitioner of medicine. Almost all standard authors and practitioners agree that typhoid patients offer but a poor tolerance to general bleeding, and almost daily experience admonishes the correctly observing physician to husband the vital forces even from the commencement. It is not claimed that Veratrum Viride is a specific in typhoid fever, but that by an appropriate administration of the remedy, aided by proper auxiliary treatment, the disease will in a great measure be shorn of its mortality, and run comparatively a mild and safe course as will appear by citing the following cases :

Was called July 8, 1855, to see J. K., a neighboring townsman, who in health possesses a sound, full and vigorous constitution.

Patient informed me he had been unwell for the last fortnight, was then suffering severe pain in the back and head, tongue darkly coated in the middle, edges, and tip red, with papilæ prominent, pulse 100, and indicated greater frequency than really existed, skin hot and dry, thirst urgent, bowels rather costive but evinced a high degree of susceptibility to the action of cathartics, nervous symptoms well developed for this stage of the disease. My diagnosis was typhoid fever, and prescribed Hyd. Chl. Mit. 10 gr., Rhei. 15 gr., which acted on the bowels and required a restraining dose of opium before the bowels ceased to act. I then, at 12 M., commenced giving Norwood's tinct. Veratrum Viride, every two hours, in four drop doses, until three doses were taken, when patient vomited, discharging from the stomach a large quantity of water, mucous, and some bilious matter, pulse gradually came down to 60, full and soft, a free diaphoresis was now established and patient expressed himself much relieved. Subsequently, until convalescence was established, (which required about 12 days,) this patient daily took enough Veratrum Viride to curb the action of the heart and arteries, and occasionally to produce vomiting and a moderate diaphoresis. Throughout the course of the disease, other auxiliary treatment was instituted, but the reliable agent was Veratrum Viride.

The second case of typhoid or enteric fever in which Veratrum signally manifested its controlling influence was in the person of J. B. A., Esq., aged 21, unlike the preceding case, is of a nervo-lymphatic temperament. This patient, after having passed through the stage of incubation, was, on July 17, confined to his room, complains of head-ache, general languor, cold sensations, alternated by flushes of heat, skin hot and dry, tougue coated, bowels loose, pulse 98. Prescribed an emetic of ipecacuanha, to be followed by a mild mercurial cathartic.

18th.—Emetic and cathartic have acted well, but instead of producing relief there is an aggravation of all the symptoms, skin now permanently hot and dry, tongue more thickly coated, pulse 110, cathartic still operating, gave opium and chalk to restrain the bowels, and spirits nitre to quiet nervous symptoms, and to act on the skin.

19th.—Patient much the same as on yesterday.

20th.—There is decidedly an aggravation of all the symptoms, and now we have added, (when sleeping,) delirium and a tympanitic condition of the abdomen, pulse 125, decubitus on the back, gave opium to restrain the bowels, and Veratrum Viride in four drop doses every two hours until five doses were taken, when patient vomited, discharging acrid bilious matter in a large quantity from the stomach. A copious perspiration now ensued, which was followed by an abatement of all the symptoms, pulse came down in six hours to 60, full and soft, patient expresses himself as being quite easy and free from pain. I now resolved to suspend the Veratrum in order to see if the circulation would regain its former activity, which condition fully obtained in about ten hours.

21st.—Veratrum was again given, and again controlled the action of the heart and arteries, reducing the pulse in eight hours to 54; skin perspiring, tongue moist, urinary secretion active and patient comparatively comfortable. In this case the Veratrum was continued to the period of convalescence, which was about fourteen days, in doses sufficient to maintain the pulse about at the normal standard, which preserved the skin moist and promoted the secretions in general.

During the entire progress of the disease in the above cases, attention was given to local determinations and auxiliary treatment instituted as pathological conditions required, but I will again repeat the great and governing remedy was *Veratrum Viride.*

Before closing this article, (already too long,) I cannot refrain from speaking of it as a remedy in pneumonia simplex and pneumonia typhoides. Without further taxing time and patience, I will here state that I have used Veratrum Viride with entire satisfaction in many cases of the above named diseases, frequently manifesting its curative properties by signally cutting short the disease and sparing the patient at least a severe and painful conflict with this common scourge of the race. In several instances the febrile paroxysm never fully obtained after the first full manifestation of the remedy; copious expectoration being established, the patient, without interruption, approached the period of convalescence.

Where it manifests its full sedative effects, such as vomiting, reduction of the pulse to 40 or 45 beats per minute, copious perspiration, coldness of the surface, &c., we possess a reliable antidote in morphia and tincture ginger, which will speedily dissipate the symptoms referred to.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

ART. I.—*On the application of statistics, to questions in Medical Science, particularly as to the external causes of Diseases.* By DR. W. P. ALISON, Emeritus Professor of Practice of Medicine, Edinburgh.

[The knowledge of the external causes of diseases is that which leads most directly to their prevention. It is simply by the force of numbers that we have learnt how the poison of small-pox may be diffused, and that it may be disarmed of its power over the human body. So also with respect to the extension of another epidemic, the puerperal fever. We now possess information which enables us to predict that its propagation may hereafter always be prevented. The observations of Dr. Semmelweiss in the great lying-in hospital at Vienna, where upwards of 6000 births take place in a year, have unequivocally shown.]

1. That this disease is, in fact, a case of the Diffuse inflammation or Erysipelas, attended with the same peculiarities in the extension of the inflammation, and in the nature of the effusion, and the same variation as to the nature of the accompanying fever in different epidemics.

2. That one immediate exciting cause of this form of inflammation, which may always be suspected when it prevails epidemically, is the *cadaveric* poison,—often evolved, during the decomposition of the human body, from whatever cause death may have taken place; but during one stage of that decomposition only, viz: that early stage during which the *post mortem* inspections for the investigation of the cause of death are most frequently made.

3. That when this form of inflammation assumes the form of epidemic puerperal fever, the mode of its transmission from one patient to another is by accoucheurs or nurses, themselves in good health, but to whose persons or clothes minute portions either of the *effluvia from others* already affected, or of this *cadaveric poison,* have become attached and

4. That when the obvious precautions are taken, to prevent any persons to whom, in either of these ways, the poison can have thus adhered, from acting as accoucheurs or nurses until effectually purified, no "epidemic extension" of puerperal fever is seen.

It is seldom, no doubt, that this last proposition can be submitted to so searching a scrutiny, as in the year 1846, at the Vienna Hospital, under Dr. Semmelweiss, when the number of deaths, after these precautions were adopted, was diminished by no less than 400 in that hospital alone, and in a single year; but when it is added, that each of the propositions above stated is quite in accordance with observations made and recorded (although the bond of connexion among them had unfortunately not been duly observed) in this country, whenever puerperal fever has been epidemic, whether on a large or small scale,—so that it would be easy to collect statistical evidence of the same kind from every such epidemic, wherever any record of the facts has been left, to establish each of these propositions,—the force of this statistical evidence becomes such as to justify the sanguine anticipation above announced.

Our information as to the mode of extension of the malignant cholera, is, unfortunately, as yet less certain or precise; yet I think we may say it is so far advanced, that we may entertain a confident *hope* of its being very soon such as to disarm any epidemic cholera, in this climate, at least, of all its terrors.

I allude to that subject here, chiefly because I think it affords an example worthy of notice, of what I have already stated, as to the frequent misapprehension of the strength of evidence, simply empirical, or founded on statistics, which may often be obtained in inquiries of this kind.

I mentioned formerly in a paper on this subject, which I had the honor of laying before this Association at Birmingham, a *single case* which I saw in the year 1832, and which I have always maintained to have been sufficient, for any one who duly attended to the statistical evidence it afforded, to establish the proposition, that the disease is capable of propagation in this climate, by the intercourse of the sick with the healthy, without pledging us to any opinion as to the mode of communication, or as to the existence of other modes. Now that it is generally admitted, that the assertion then made was correct, the question for discussion now being (as stated by the editor of the "British and Foreign Medical Review,") *not* whether cholera is contagious or not, but *how often* it spreads *by the agency of* *human bodies* (i. e. by *contagion,*) and how often without that agency" (Journal for January, 1854, p. 298,) I think myself justified in drawing attention to the grounds on which it was made; and which I still think amply sufficient to establish that mode of communication, without, of course, excluding others.

The reason of this strong expression of opinion was, that the case furnished a remarkable example of the evidence which, according to what was formerly stated, a single *positive* fact may afford,—quite of the nature of the *instantia crucis,* when supported by a large body of *negative* observations. The anxious expectation of the disease in the town, in 1832, the careful division of the town into districts, and appointing of stations and medical men to each, and the number, zeal, and intelligence of these observers, were known to be such as to justify our saying, that this was the very *first* case of the disease which ever originated in Edinburgh or Leith, in a person who had not left the town; and that for a time it was *an isolated* case, no other appearing for ten days, in a population of above 140,000 persons, many of whom were in circumstances, in all other respects at least, equally favorable to the appearance of cholera, as this woman was;—as the subsequent appearance of the disease in many of them, during nearly a year that the disease afterwards existed in Edinburgh, proved. If the poison producing this "*nova pestis*" had no contagious property, this woman was not more exposed to it than any other of this large body of people; but if it had that property—in whatever other way it might be communicated—she was undeniably and peculiarly exposed, as she was engaged in nursing her son, in a close confined room, who was ill of the symptoms of cholera, during the whole of the day preceding that in which she sickened and died; and he had passed the next preceding night in a house in Musselburgh, where patients in the malignant disease then were, and had been for weeks previously. Here, then, was a fair *instantia crucis,* to determine whether the transmission of the disease, from place to place, known to be at that time a frequent event, was or was not dependent on intercourse of healthy persons, with those previously sick of it; and the affection of this one person, who had that intercourse, contrasted with the non-appearance of the disease in the 140,000, was, as I maintain, *decisive* evidence.

Many cases, equally decisive, have since occurred, of which I have been informed, on the *first* appearance of a disease *previously unknown* in a town or district, carefully observed;—*e. g.* at Arbroath in 1853, where there was clear proof that the two first persons, of 15,000 inhabitants of that town, who took cholera, "had just returned from Dundee, where they had visited persons ill of cholera; their affection, therefore, proves nothing as to the efficacy of intercourse with the sick, in exciting the disease, rather than merely visiting a particular locality;—but the next *six* who took it in Arbroath —the *first six* inhabitants of that town who took cholera without leaving the town, had repeated and close intercourse with those already affected before they took it; and the inference as to the contagious property is drawn, not from their taking the disease, nor even from their taking it at that time, and in rapid succession, but from their being *the only inhabitants* of Arbroath who took it during the first week of its existence in that town;—*i. e.* the positive evidence of the *six* who were known to be exposed to that cause, is supported by the *negative* evidence of the *fifteen thousand* who could not be shown to be, and the immense majority of whom certainly were not, so exposed.

I have great hopes that we shall soon have statistical evidence to establish a proposition which no other evidence known to us could justify our admitting, but which, if established, would not only reconcile most of the conflicting statements on this subject, but serve as a guide to almost complete security from any epidemics of this disease in future, viz: that the poison of cholera, *like other known animal poisons*, is developed during the decomposition of the animal matter, the appearance of which is most characteristic of the disease —that which constitutes the *"rice water stools,"*—but only in a *particular stage* of that decomposition, not immediately after its formation in, or discharge from, the body; and again, not after the decomposition has gone to a certain length. All this can be proved only by statistics, but is quite susceptible of proof in that way. The last proposition above stated—that no poisonous property is attached to any part of a body dead of cholera, after a certain stage of decomposition has been passed, seems nearly ascertained from the number of instances in which dissecting rooms have been supplied with bodies of persons dead of cholera, for many weeks together, without any of the students attending them being affected. That the peculiar matter of the cholera evacuations, during its decomposition, perhaps especially in dry air, has a peculiarly poisonous quality, was, I believe, first suspected by Liebig, and partly by the analogy of the poison already mentioned, causing erysipelatous inflammation and puerperal fever—and also of the *sausage poison,* repeatedly observed on a large scale in Germany, which is developed during a certain stage of the decomposition of the animal matter of those sausages, and disappears when their putrefaction has so far advanced. That the cholera can be communicated to animals by inoculation with this matter of the peculiar rice water stools, has been sufficiently proved by the experiments of Dr. Lindsay in this country ; and if a few more experiments shall give results similar to those of M. Thiersch, at Munich, I think we may assert that the proposition above stated, is *statistically* proved. "Dr. Thiersch collected the intestinal contents, or the evacuations, of cholera patients, and let them decompose under the influence of air and heat. From day to day he dipped into this matter pieces of filtering paper, which he dried, for subsequent experiments on white mice. Two of these animals at a time were exposed to infection for four days, by having a square inch of the filtering paper, thus prepared, moistened with water and mixed with their food. Each mouse took thus, 1-2000th gr. daily. The results were as follows : The preparations from the matter during the first day of decomposition were *innocuous.* To this succeeded a period of from six to nine days, during which decomposition went on, and preparations from the matter in this second period of decomposition, caused disease in 30 out of 34 animals, and death in 12 of the 34. The symptoms were peculiar and characteristic. The hair fell off, the ears dropped, there was languor, then discharge from the bowels, first of white, then watery matter, the urine lost its smell, then was suppressed, the appetite became *depraved,* so that the animals would fill their stomachs with wool ; there was no apparent sickness, but such tonic muscular contractions that they seemed dead some time before death. On dissection, accumulation of blood in the vessels of the small intestines was invariably found, their contents *watery,* with *abundant epithelial flakes* (just similar to those found in persons dead of cholera ;) the cortical substance of the kidneys passing into fatty degeneration, the bladder empty, the blood and the contents of the intestines answering to the test of ready mixture with amygdalin, as in the cholera of man,—which will not appear in the healthy animal. To this a third period of decomposition of the matter under trial succeeded, in which these poisonous effects were very slight, or not observed at all."—(See 'Medical Times and Gazette,' Nov. 25, 1854.)

We have already a statement by Dr. Budd, of statistical observations made on villages in England, where the entrance of cholera appeared to be prevented by such expedients as these observations immediately suggest, for receiving the rice-water evacuations of cholera patients on linen or cotton, and burying or burning, or otherwise effectually destroying their substance, during that period, thus indicated, after they have been passed, and before they have entered on the morbific decomposition; and we have sufficient statistical evidence of the importance of another measure,—which was first adopted, I believe, at Edinburgh, in 1832, and has since been recommended by the Board of Health in London, and adopted in different places, although not so generally or satisfactorily as could be wished—founded on the merely empirical statements I have made as to the communication of the disease from the sick to the healthy, and its apparent adhesion to particular, often very limited localities, viz: the establishment of *houses of refuge*, for the reception of all inhabitants of houses or rooms which might become infected with cholera in any town; not themselves affected, nor required for the care of the first cases that might occur. Here such persons might be lodged in pure air, regularly fed, preserved from cold and from other (frequent concurrent) exciting causes of the disease, and treated with due attention to cleanliness, immediately on any symptoms of cholera showing themselves. The London Board of Health report, that they had information of 1,691 persons taken into these houses of refuge, from rooms where there were patients in cholera, and of these only 33 became affected with cholera, and only 10 died. In cases of which I was myself informed in Edinburgh, at Glasgow, and at Oxford, during different epidemics, 1,010 persons were admitted from sick rooms into such houses of refuge, of whom 40 took the disease, and 15 died; whereas, the experience of Dr. Hamilton, of Falkirk, of 251 cases of cholera appearing in 86 houses, where no such means of separation existed, gives only a fair idea of the extent to which successions of cases will often be observed, in confined air and dirty districts, possessing no such resource.

I am happy to say that so far back as November last, having written to Dr. A. Smith, at the head of the medical department of the army, on the subject of the decomposition of the rice-water stools, as the probable cause of the propagation of cholera, and of districts becoming *tainted* with the poison of that disease,—I was informed by him that he had directed the attention of the medical officers in the Crimea to the facts now stated, so that if the disease shall appear in a malignant form in that army, we may hope for at least accurate and truly statistical information as to the reality of that opinion.

Again, as to the yellow fever so frequently becoming epidemic in the hot climates, although we cannot boast of having acquired information either as to the nature of its cause, the essential character of the morbid change it produces, or the power of any remedy over it,—yet by simple empirical observations, *i. e.* by statistics, we have information to the following effect, as stated in reports in Germany and France, on inquiries conducted by order of those governments, on a larger scale, and considered by committees containing the names of Humboldt and Dupuytren, that it is a disease *endemic*, almost exclusively, "in districts nearly on the level of the sea, never appearing beyond 48° of north latitude, nor without a previous temperature of 72°—only in certain circumstances propagated by contagion," but when epidemic, always *confined strictly to certain localities;* so that the practical rule of immediately evacuating, *i. e.*, removing *all* the inhabitants of places where it is declared to exist, and has formerly prevailed, is *incontestable*, and "of such proved utility as will always justify its vigorous execution."

Without dwelling farther on the effects of malaria, in this or any other climate, which we can only expect to be satisfactorily explained when pathology shall be considerably more advanced than at present, I may merely add, that such collections of facts have been made and are now frequently repeated, as to the places and circumstances in which it arises from the earth, and the laws according to which it extends and multiplies—considered merely empirically or statistically—as we may confidently expect to be successful in disarming this cause of disease likewise of its terrors, long before the nature of the change produced by its action on the living body, or the rationale of any line of treatment of those who may be affected by it shall become known.

The case of Epidemic Scurvy, resulting in different cases, as is now satisfactorily established, from different deficiencies in the diet habitually taken—the efficacy, therefore, of different kinds of diet in counteracting this form of disease—still more remarkably, the power of small quantities of vegetable acids in producing the same effect, and the extraordinary rapidity with which such changes of diet and these acids will produce their effect—may also be stated as examples, on a large scale, and of the most satisfactory kind, of what is generally called the power of art over a most loathsome and virulent disease—but in reality must be regarded, now and probably long after our time, as results obtained by simply empirical observations of the course of nature, statistically arranged, fortunately facilitated by so many of the subjects being organized bodies of men;—and which have distinguished the present age to a degree which those who are not familiar with the medical writings of the last century will hardly conceive.

We have good reason to hope that the inquiries now on foot as to the external causes of Scrofulous, or of what is now usually called tubercular disease, including pulmonary consumption—an inquiry which we must perceive to be more complex, and in which the operation of various causes must be recognized—will be effectual in pointing out the means of counteracting that tendency in a very large proportion of cases of persons liable to it—simply on the principle of empirical observation, enlarged and arranged in the form of statistics, long before we shall have information as to the essential nature of the vital process or mode of operation of the causes in question.

In illustration of this, I need only mention two facts, recently ascertained on so large a scale, that we have no doubt of their truth and importance, and which, even at present, may be said to be guides to successful practice in many cases only recently thought hopeless, although all that was previously known on the subject was certainly rather averse than favorable to the supposition that they would ever be established. These are—1. The good effect of cod-liver oil—if not of other animal oils, on many cases of tubercular disease, in their early stage—provided only that it can be retained on the stomach to the extent of an ounce and a half or two ounces daily; and, 2. The almost complete exemption of the inhabitants of the Faro Islands from tubercular disease, notwithstanding that their climate, as regards cold and damp, is exactly that which, in this country, has been thought most favorable to it.—*Edinburgh Medical Journal, November* 1855, *p.* 385.

ART. II.—*Experimental Researches on the Nervous System.* By Dr. E. BROWN-SEQUARD, Laureate of the Académie des Sciences.

There are two kinds of sensitive fibres in the posterior columns of the spinal cord, some going up towards the encephalon (centripetal or ascending fibres,) some going in the opposite direction (centrifugal or descending fibres.)—I had found long ago, that after a transverse section of the posterior columns of the spinal cord, the inferior surface of the section, or that of the part of the posterior columns which seems to be separated from the encephalon, remains sensitive. In 1852 I was forcibly led to admit that there are sensitive fibres going in a centrifugal direction in the posterior columns. The following experiment was the first which led me to this conclusion. I introduced a very sharp bistoury between the posterior and the anterior parts of the spinal cord, so as to separate the two posterior columns from the grey matter, and from the antero-lateral columns. By this means I obtained a segment of the posterior columns, in continuity, by its two extremities, with the rest of its spinal marrow. This being done, I divide transversely the upper extremity of this segment, leaving it attached merely by its lower extremity to the rest of the cord. This segment I find sensitive in the whole of its length, when it is not much more than two inches long, in a large animal.

If we prepare, in the same way as in the preceding experiment, a segment of the posterior columns, two inches long, and attached by its upper extremity. instead of being attached by the lower, we find, also, that this segment is sensitive in all its length.

To avoid circumlocution, I will call "cephalic segment" the one united to the cord by its upper or cephalic extremity, and "caudal segment" the one united to the cord by its lower or caudal extremity.

A caudal segment usually seems to be more sensitive than a cephalic segment. The sensibility in the two segments increases from the free or divided extremity to the attached extremity. When the segments are four or five inches long, sensibility disappears from the divided extremities.

The pain produced when we irritate the caudal segments arises from two causes, the principal of which is that there are some descending or centrifugal sensitive fibres in it. The other cause is, that reflex painful cramps take place in consequence of the irritation of this segment.

The existence of the descending sensitive fibres will be rendered more certain by other experiments which will be related hereafter.

There are also ascending and descending sensitive fibres in the posterior grey horns, and very likely in the posterior parts of the lateral columns.—In making a caudal or a cephalic segment of the posterior columns, if we leave united with this segment longitudinally a part of the lateral columns with the two posterior grey horns, we find that sensibility is greater in the posterior columns of the segment than when it is composed only of the two posterior columns. When we leave a great part of the lateral columns with the segment, its sensibility seems to be a little greater.

Now we have to examine where the descending and ascending sensitive fibres of the posterior columns are coming from, and by what channels they communicate with the encephalon.

The ascending and descending sensitive fibres which exist in the posterior columns, come mostly, if not entirely, from the posterior roots of the spinal nerves.—I draw this conclusion from the following experiments, which show that a certain number of the fibres of the posterior roots pass through the posterior columns.

After a transverse section of the posterior columns at a little distance in front of the posterior roots of a pair of nerves, I ascertain that these roots are still sensitive, although a little less than before the operation. Then I divide transversely the posterior column at a short distance behind these roots. Their sensibility after this second section is very much diminished, so that we are led to admit that many of the fibres of the posterior roots pass into the posterior columns in which they are descending.

Now, in making first the section behind the posterior roots of a pair of nerves, we find their sensibility diminished, and after the section before these roots we find it very much more diminished. So that we are led to admit that many of the fibres of the posterior roots pass into the posterior columns in which they ascend towards the encephalon.

The posterior roots not only send ascending and descending fibres to the posterior columns, but also to the posterior grey horns, and very likely to the posterior parts of the lateral columns.—After having divided transversely the two posterior columns in front and behind the posterior roots of a pair of nerves, if we enlarge these two sections by dividing transversely the posterior grey horns, and the posterior parts of the lateral columns, we find that these roots lose entirely their sensibility.

If we introduce a flat needle into the posterior grey horns, in front and behind the posterior roots of a pair of nerves, so as to divide transversely these horns, we find that sensibility is diminished in these roots. If these punctures into the grey matter are made only in front or behind these roots, their sensibility is very little diminished after the operation.

If we divide the posterior part of the lateral columns, together with the posterior grey horns, we find that the loss of sensibility is a little greater.

The ascending and descending sensitive fibres which have passed from the posterior roots into the posterior columns, the posterior grey horns, and very likely also the lateral columns soon leave these parts to go into the central grey matter.—This is proved by a great many experiments, of which I will relate only the following:—After having made a transverse section of the posterior half of the spinal cord, if we make a second similar section, at a distance of four or five inches, or more, if the animal is a very large one, we find that the upper surface of the lower section is very sensitive, and the posterior roots attached near it are also very sensitive. Now, if we make other transverse sections of the same posterior half of the spinal cord behind the upper one, we find that the nearer the section is made to the lower one, the more sensibility is diminished in the parts which we had found very sensitive at first. This is a proof that the ascending sensitive fibres, when going upwards, leave the posterior parts of the cord after the other. An experiment of the same kind proves that the descending fibres behave as the ascending do.

After having gone out from the posterior columns and the posterior grey horns, the sensitive fibres pass into the central part of the grey matter, as is proved by the effect of the transverse section of this central part of the cord.

The ascending and descending sensitive fibres coming from the posterior roots decussate in the spinal cord.—It was admitted, before my researches, that there is no crossing of the sensitive fibres into the spinal cord. Physiologists and Pathologists entirely agree upon this subject, and, in the books upon the diseases of the spinal cord, it is stated as a well-proved fact, that a lesion of one side of this organ produces paralysis both of voluntary movement and sensibility in the same side of the body. The following experiments prove that the sensitive fibres cross each other in the spinal cord, and we will relate, in a moment, a few (out of many) pathological facts which agree with these experiments.

After having divided transversely a lateral half of the spinal cord in the dorsal region, we find that there is an increase in the sensibility of the parts of the body situated behind the section, while the corresponding parts in the opposite side of the body are much less sensitive than before the operation. This experiment and the following prove that the transmission of the sensitive impressions coming from the left side of the body, takes place mostly along the right side of the spinal cord, and *vice versa*.

If a transverse section of a lateral half of the spinal cord is made in the cervical region, the two limbs on the side of the section become hyperæsthetic, and the limbs on the opposite side lose, at least, a great part of their sensibility.

If, after a transverse section of a lateral half of the spinal cord of the dorsal region, we divide the other half of this organ in the cervical region, we find that the hyperæsthesia, which existed after the first section in the parts of the body which are behind it, disappears and is replaced by anæsthesia.

If we divide transversely, first, the two posterior columns of the spinal cord in the dorsal region, we find, as I have already said in the first part of this paper, that the posterior limbs are in a state of hyperæsthesia. This being ascertained, I divide transversely the remainder of a lateral half of the spinal cord, at the place where the posterior columns have been divided, and then I find that the hyperæsthesia of the posterior limb, behind and on the side of this second operation, becomes increased, while not only the hyperæsthesia, but sensibility, disappears almost entirely in the other posterior limb.

A longitudinal section, separating the spinal cord into its two lateral halves, gives very decisive results as regards the crossing of the sensitive fibres in this organ, particularly when this section is made upon the cervico-brachial enlargement. In such a case, sensibility is lost in the two anterior limbs, while it remains, and seems somewhat increased, in the two posterior limbs. This having been ascertained, if I divide transversely one of the lateral halves of the spinal cord, at the place where they are separated one from the other, I find that there is an increase in the hyperæsthesia of the posterior limb on the same side, and that the sensibility of the other posterior limb is almost entirely destroyed.

It would be too long to relate some experiments which prove that the appearance of sensibility in the side of the body opposite to the section, depends upon a communication between this side and the other, which is hyperæsthetic, by means of reflex action and of what has been called recurrent sensibility by Magendie.

The ascending, as well as the descending sensitive fibres make their decussation, in a great measure, very near their place of entrance into the spinal cord from the posterior roots.—After having divided transversely a lateral half of the spinal cord, in the dorsal region, if we divide longitudinally this organ, so as to separate its two lateral halves one from the other, and at a right angle with the transversal section, we obtain the following results, when the longitudinal section, in a large animal, is only two inches long:—Whether this longitudinal section has been made behind the transverse one (so as to give a caudal segment of a lateral half of the cord,) or before the transversal (so as to give a cephalic segment,) we find that sensibility persists, but diminished, in these segments, and in the posterior roots which are inserted upon them. If the longitudinal section is more than two inches, sensibility does not exist in the whole length of the segment; it begins to exist at the distance of about two inches from the extremity, which adheres to the rest of the cord, and it increases by degrees from this part to the adherent part.

There are pathological cases observed in man, which prove also that the sensitive fibres make their decussation in the spinal cord.—I have already published some cases of this kind, and they will be found, with a few others, in the book I am about publishing. I will merely relate here, shortly, the three following:

1. A patient was paralyzed of voluntary movement on the right side of the body, with unimpaired sensibility. On the left side, on the contrary, he had lost sensibility, but had no paralysis of voluntary movement. After death, a fungoid growth was found pressing upon the right lateral half of his spinal cord.

2. A patient, with loss of voluntary movement, and conservation of sensibility in the arm and leg, on the left side, had only a very obscure sensibility in the same parts on the right side. After death, a clot of blood was found in the left lateral half of his spinal cord in the cervical region.

3. A patient had lost voluntary movement, and had his sensibility normal on the right side of the body. On the contrary, on the left side, he had entirely lost sensibility, but had no paralysis of vol-

untary movement. After death, a clot of blood was found in the left lateral half of the spinal cord, in the cervical region.

It results clearly from these facts, and from others which I cannot relate here, that the sensitive fibres cross in the spinal cord.

Many cases of alteration of a lateral half of the medulla oblongata, and of the pons Varolii, prove that the decussation of the sensitive fibres of the trunk and limbs takes place in the spinal cord.—I will merely relate, as briefly as possible, three of the cases as examples:

1. A patient had paralysis of movement in the limbs, on the left side, and also a very dull sensibility in these limbs.

The symptoms increased, and the hemiplegia became complete in the left side, but the right side remained perfectly healthy. After death, the right lateral half of the pons Varolii was found to be the seat of a diffluent softening, while the left half was healthy.

2. A patient was hemiplegic both of voluntary movement and sensibility on the left side of the body. After death, a *ramollissement,* the size of an almond, and resembling liquid pus, was found in the inferior and middle part of the right side of the pons Varolii.

3. A young Pole became paralyzed both of sensibility and voluntary movement in the left side of the body. After death, the right side of the pons was found double its normal size, extending forwards and backwards, and compressing the neighboring parts. The cause of the enlargement of the pons was a very large clot of blood.

These facts do not agree with the views of Longet, as to the place of crossing of the sensitive nerve-fibres in the cerebro-spinal centre. Longet thought that this crossing took place in front of the pons Varolii, where the processus cerebelli ad testes seem to decussate.

The cases of alterations, limited to one-half of the pons Varolii, of the medulla oblongata, and of the spinal cord, all agree in showing that the sensitive fibres of the trunk and limbs make their decussation in the spinal cord, and not higher. The very disputed question whether the medulla oblongata has a crossed action for sensibility or not, is decided in the affirmative by these facts.

Some anatomical appearances had led Sir Charles Bell to admit that the decussation of the sensitive fibres takes place in the floor of the fourth ventricle, near the nib of the calamus. It is not necessary to show that this view is in opposition with the results of the experiments and of the pathological cases which prove that it is in the spinal cord that the sensitive fibres decussate.

The transmission of sensitive impressions through the spinal cord takes place in some definite directions, and not, as many German physiologists have thought, in almost every direction.—The fact that a section of a lateral half of the spinal cord does not prevent the taking place of the transmission of the sensitive impressions coming from the parts of the body which are on the side and behind the section, had led Stilling and others to admit that the grey matter of one-half of the spinal cord was able to transmit impressions coming from the two sides of the body. Other experiments upon frogs,—animals in which reflex actions are very energetic,—have misled these physiologists, and they have concluded that the transmission of sensitive impressions may take place almost in every direction in the spinal cord, and that one part of the cord may act in place of another in a supplementary manner.

These views, which are in opposition with the theories of the isolation of sensations, are also in opposition with many of the experimental and clinical facts we have related. It is not necessary to show how these facts are in opposition with the views of the German physiologists. We will merely say, that the loss of sensibility observed in experiments and in pathological cases, on the side of the body opposite to the side of the lesion, should not have taken place had these physiologists been right. Another striking experiment against their view is, that a longitudinal section separating the spinal cord in the whole lumbar region, prevents the taking place of transmission of the sensitive impressions coming from the posterior limbs.

All the experiments I have made tend to prove, that the transmission of sensitive impressions follows a definite course in the spinal cord, and that when they cannot follow their normal course, they do not find a supplementary one.

The course of sensitive expressions in the spinal cord is not the same as that of the nervous force for the reflex actions.

M. Flourens has shown long ago, that the spinal cord has the faculty of propagating the nervous force in almost every direction for the reflex actions. The following experiment shows the differences between the transmission of sensitive impressions and that of the nervous force acting for reflex actions. After having divided longitudinally in two lateral halves the lumbar enlargement of the spinal cord, we find that sensibility is lost in the posterior limbs, and that reflex actions remain in them before and after a transverse section has been made in the dorsal region of the spinal cord.

There are some transverse fibres in the spinal cord, coming from the posterior roots, which do not seem to transmit sensitive impressions.—After a transversal section of the posterior half of the spinal cord, just in front and behind the roots of a pair of nerves, we find that there is hardly any appearance of sensibility in the posterior roots inserted between the two sections. There is, when we irritate these roots on one side, or rather when we irritate the part of the skin to which they are distributed, a slight reflex movement on the corresponding and on the opposite side of the body. The transverse fibres, which the microscope shows going from the posterior roots of the one side to the anterior roots of the corresponding and of the opposite sides, seem not to be employed for the transmission of sensitive impressions, but for reflex actions. These transverse fibres have been seen by almost all the micrographers; but it is mostly to Stilling, and after him to Mr. J. Lockhart Clarke that we owe the first good descriptions of them.—*Med. Times and Gazette, May* 3, 1856, *p.* 432.

Art. III.—*An Essay on Croup.* By S. M. Bemiss, M.D.

Croup is a disease of such general prevalence and fatality, that but little apology is necessary for frequently calling the attention of medical men to its consideration. It should perhaps rather be held among members of the profession a matter of duty to bring forward each the result of his observation, so that by united contributions, we may establish correct principles of pathology, and such appropriate treatment of the disease, as to diminish, at least, to some extent, the humiliating ratio of mortality heretofore marking its progress. The chief obstacle to the investigation of this subject, has been difference in diagnosis, or more properly, perhaps, difference in the use of the term croup. Some writers apply the designation in its original sense to a symptom merely, and include in their descriptions various pathological conditions attended by stridulous respiration; others regard the presence of false membrane in the larynx or trachea necessary to its definition. This difference has lead to a great deal of confusion and apparent discrepancy among authors, and renders it necessary to examine medical observations closely, to ascertain whether they relate to true or false croup. For the remedy of this evil, some authors have advised an abandonment of the word croup, and numerous scientific terms have been proposed as substitutes. But, as stated by Roger Collard, none of them convey to the mind but a part of the phenomena of the disease; and as the term is in general use, I shall adhere to it, premising that whenever I employ the word without other specification, I have reference only to true pseudo-membranous croup. In the course of the article I shall take occasion to notice those affections which, from resemblance of symptoms or supposed analogy of character, have been associated with membranous croup, and shall then discuss the propriety of classing them under the same denomination.

The mortuary list of various countries exhibit a striking uniformity in the rate of mortality from croup. This observation will even apply to countries subject to climatic influences as different as England and Kentucky. In the former country, the deaths for five successive years amounted annually to about one in every 3,500 of the whole population; in Kentucky, for three successive years, the annual report of deaths under this head, was about one in 3,000 of the white population, and in something less than 2,000 of the negro race. Massachusetts and New Jersey exhibit a ratio of over one in 4,000, and Connecticut less than one in the same number of their respective population for the year 1854. If we take into account large urban populations alone, this relative ratio is almost always greatly increased: Boston, New York and Philadelphia lose annually about one in 1,000 of their population from this cause. These estimates are in many instances only approximative, but they are believed to fall below rather than to exceed the truth. The increase of population since 1850 impairs to some extent the correctness of statistics based upon the census of that year.

Symptoms.—The symptoms of croup are divided into those of invasion; those of development or confirmation; and those of collapse or suffocation. The symptoms of the first stage are, in a majority of instances, those of ordinary catarrh. The child complains of light chills; of malaise, probably of its head or throat; there is more or less fever, the cheeks are flushed, the eyes watery, the discharge from the nares, sometimes unusually transparent and ropy, is increased. The voice and cough are often somewhat hoarse, but as the child frequently pursues its usual pastimes without any symptoms of such gravity as to demand immediate interference, it seldom occurs that the apprehensions of its friends are excited, and the physician is rarely summoned during this stage. These precursory symptoms may continue for a longer or shorter period, varying from ten or twelve days to a few hours. They may even be wanting, according to some observers, though Ryland says the precursory catarrh exists "probably in all cases, but often passes unnoticed on accouut of the extreme youth of the subjects of this disease, and the undistinguishing character of the symptoms themselves."

The symptoms of the second stage date from the accession of the characteristic cough and respiration. The lesions to which these peculiar modifications are due, undoubtedly have their origin during the first stage, and may precede the actual symptoms of development for a longer or shorter period, in measure with the rapidity of march of the disease. These lesions are probably at first more or less extensive catarrhal irritations or hyperæmia of the mucus membrane, merging itself into inflammation (Hasse,) and pouring out the material of the false membrane. As this concrete exudation, and its attendant serious infiltration encroach upon the larynx, they impede its functions, and produce alterations of respiration, cough, and voice pathognomonic of the disease. The earliest change in the respiration is, according to Dr. Ware, a mere exaltation of the act, denoted by a little more than usual exertion of the voluntary respiratory muscles, a "slight dilation of the nostrils, and a little whiz or buzz accompanying the passage of air through the rima glottidis." As the larynx, and especially the glodttidean chink, are invaded, the respiration becomes laborious, stridulous, and sibilant. Drs. Vautheier and Blache have compared the sounds of the respiration to the movement of a saw through soft stone, and there is justice in the comparison. The respiratory act is always hurried; in Vauthier's cases it averages from 36 to 40 per minute; the greatest number was 56. "A symptom of the greatest practical value in regard to the respiration in croup is the sudden and paroxysmal exacerbations of the dispnœa which constantly exist. For instance, we witness a certain degree of obstruction to the respiration, which appears to be mechanical, and is continuous; the violent aggravations of dyspnœa, not persistent in their character, and evidently attributable to spasm. These paroxysms have a tendency to periodicity, and recur more often at night with obvious remissions towards morning. They may however be induced by any excitement or provocation, by deglutition, coughing, or attempts of the physician to make a close examination."

It is impossible to describe the characteristic cough of croup so as to convey a correct idea of its sound to the inexperienced, while to the experienced, description is unnecessary, for it is so peculiar, and often connected with such painful associations, that those who have heard it seldom fail to recognize it again. It very often first announces itself at night, and is, at the incursion, usually loud, metallic and harsh; but as the exudation progresses along the larynx, and the vocal chords become veiled, it loses the clangous resonance and sounds as though it were stuffed and pent up in the trachea (Guersent.) During the dyspnœal fits it undergoes a corresponding aggravation, becoming tighter and more embarrassed.

The voice at the debut of croup is generally cracked and hoarse, and as the vocal chords become involved, it is whispering, feeble, and often completely lost. Aphonation is almost always reluctantly performed, and the child often endeavors to express its wants by signs rather than attempt to speak, the repugnance being doubtless oftentimes due to the pain attending the effort. Louis' adult patients complained of a tearing sensation produced in the throat by efforts to speak.

The confirmed stage of croup is accompanied by more or less strongly pronounced febrile symptoms; the pulse is generally frequent and hard, the tongue red at the tip, loaded and white at the base; the tonsils are frequently swollen, and very often the seat of the fibrous deposit. The external throat and face may present a puffed appearance; sub-maxillary glands are quite often enlarged, and the line of the larynx and trachea tender to pressure. Deglutition is generally performed without other difficulty than temporary interference with respiration. The skin is sometimes hot and dry, but in many instances it is soft and of normal temperature; during the accession of dyspnœa it is frequently bathed in perspiration. The bowels are ordinarily rather inactive; the digestive functions and appetite have, in a majority of my observations, been uninterrupted except by the influence of nauseants.

The third or collapsed stage is marked by indications of failing vitality, such as more or less lividity of the lips or face, flagging or intermittent pulse, constant somnolency, and coldness of the extremities and surface. The voice in this stage is either a faint whisper or entirely lost. The respiration retains its characteristics, but there is more continuous difficulty in its performance; it has often a more strongly marked wheezing sound as of "air forced by a piston through a dry valve;" and the soft parts of the thorax sink deeply at each inspiration. The cough, dry, feeble and ineffectual, becomes in most cases less frequent, and occasionally entirely ceases. These symptoms go on increasing in severity until the patient perishes either in comatose, or in a violent dyspnœal paroxysm.

The appearance of a child after the full establishment of croup is generally that of inexpressible distress. The dread of impending suffocation is plainly depicted in his countenance, and as the mental faculties are retained to the last, his intelligent watchfulness of the ministration around his bed, and the gloomy calmness of despair written on his features, form pictures too touching to be readily erased from the memory of the observer. The decubitus is usually dorsal, with the head carried back. The hand is frequently brought to the front of the neck, and is sometimes passed into the throat in vain efforts to remove the mechanical obstruction to respiration.

The appearance of the false membrane upon the fauces is a most important symptom in croup. It may often be observed at any period of the disease, but should be regarded as a symptom proper to the first stage, since its manifestation is nearly always anterior to the full confirmation of the malady. It is seen in distinct whitish patches, or a continuous sward upon the tonsils, uvula, base of tongue, or any part of the posterior throat susceptible of being brought into view. Dr. Ware found it present in 32 or 33 cases under his observation. Guersent considered it commonly present in the first stage, but often removed by natural processes or local applications, so as not to be visible later in the disease. These facts cannot be too strongly urged upon the attention of physicians, for they teach the importance of carefully inspecting the throat in every case of suspected croup or catarrh brought under their notice.

The expectoration in croup varies greatly in quantity; sometimes there is little or none, sometimes an abundant viscid ropy mucus collects in the fauces, and increases the difficulty of respiration, until it is removed either by swallowing or the act of vomiting. Fragments of false membrane, more or less large and irregular in form are occasionally ejected. Towards the latter stage, the expectoration is often muco-puriform in appearance.

Complications.—The most frequent complication of croup are pneumonia, bronchitis, and the exanthematous disease. Barthez and Rilliet found pneumonia in five-sixths of their cases. Wert also regards it as a common complication, and states that it was double in all the cases in which he noticed its presence.

According to Copeland, "the extension of the inflammation to the bronchia and lungs, is indicated by unremitting persistence of symptoms, deep suffocative cough, lividity and leaden hue of the countenance, cold, clammy perspirations and somnolency." Recent pathological investigations also indicate that fibrinous concretions of the heart are not uncommon complications.

The value of auscultation in croup is very much diminished by the fact that its signs are masked by the sounds of respiration, and that attempts at this method of examination agitate the patient, and increase the stridor of his breathing. Mr. Barth was of opinion that a vibratory sound (comme si un voile mobile etait agite par l'air) indicated the existence and limits of the false membrane; but it is probable that this sound is connected only with those occasional instances in which a partially detached membranous fragment moves to and fro with the respiratory currents. It is likely that its benefits are limited to the information it conveys of the "amount of obstruction to the entrance of air into the lungs, and the extent of disease of the air tubes or substance of the lungs, which accompanies it." (West.)

Pathological Anatomy.—The anatomical lesions peculiar to croup relate to the appearance and extent of the exudation, and the condition of the subjacent parts.

The false membrane is of grayish white color, and varies in consistence from that of thick cream to tough leather, (Rokitansky.) It is sometimes disposed in irregular plates, the intervening mucus surface presenting a normal appearance: again it is found covering the whole wall of the larynx and trachea with an unbroken pavement, reaching even to the small bronchial tubes. Dr. Vauthier obtained from one of his patients so perfect a duplicature of the trachea that it was susceptible of insufflation. Its thickness varies from that of ordinary writing paper to one and a half lines. It is nearly always thickest along the posterior wall of the larynx and trachea. Its most frequent location is the larynx, reaching to the upper part of the trachea. In 54 autopsies M. Bretonneau found the false membrane terminating in different points of the trachea in 31; penetrating the large bronchia in 16; reaching the terminal bronchia in 7, (Guersent.) Dr. Budd conceives that the deposit has a peculiar and unexplained predilection for the right bronchus. The surface of ulcers, of wounds made in the performance of tracheotomy, or any part deprived of the cuticle may occasionally become the seat of exudation. The false membrane has chemical reactions identical with the fibrin of the blood. It has never been observed to be organized, but small points of incipient fibrilation have been found to exist. It is characterized by an early tendency to break down and liquify (Rokitansky,) and during this process it sometimes becomes corrosive, and ulcerates the subjacent tissues.

With regard to the state of the structures beneath, West says, "on removing the false membrane from the trachea, the lining of the tube is seldom found to present any change other than an increase of its vascularity, which, though sometimes very considerable, does not bear any certain relation to the amount of false membrane present." Rokitansky says the sub-mucous tissues, especially the areolar, appear to be infiltrated. It is worthy of remark that in a majority of dissections of patients dying from croup, the mechanical occlusion of the glottis by either the membrane or its subjacent swelling is not so complete as to account for death.

Causes.—Before adverting to those causes which seem to excite attacks of croup, and are immediate in their influence, it will be proper to consider the circumstances of age, sex, and constitution most favorable to its development.

Croup is essentially a disease of childhood; and although no period of life is altogether exempt, it probably finds most victims between the ages of two and four years. Of 27 cases reported by Vauthier, 24 were between those ages. Of thirteen cases of which neighboring physicians have furnished me notes, 9 were between these periods, 2 over five, and 1 under two. Of 10 cases under my own observation, 7 were between 2 and 4, 2 under two, and 1 over five. Of 1401 deaths from this disease in Kentucky during the year 1852, '53, and '54, 1241 were under the age of five.

Most observers agree that males are more liable to croup than females. Of 1389 cases in Kentucky, 764 were males, and 625 females. It is probable that this seeming law of the disease is set aside by epidemic influence. In the epidemic recorded by Dr. Vauthier, the deaths were 21 females to 14 males. In an epidemic of 6 cases witnessed by Dr. Wible, 4 were females. Of 7 cases attended by Dr. Meigs while croup was epidemic in Philadelphia, 5 were females. The facts, however, with regard to the relative liability of the sexes, in either sporadic or epidemic croup, are not sufficiently numerous to justify any absolute conclusions.

It will require further observations to decide positively the state of constitution most favorable to attacks of croup. Jurine, a very accurate observer, thinks the lymphatic temperament most amenable to its incursions. I am clearly of his opinion, though it is not to be denied that the weight of medical authority is against this view. Of the 10 cases under my notice, 6 were undoubtedly of a constitution in which this temperament preponderated. It is an incontestible fact that strong family predispositions exist toward croup. Of the ten cases just referred to, two occurred in one family and two in another, and in one of these families there had been previously two deaths from the same disease. It is well to remark also that no two deaths occurred in the same family within a period of a year, except in one instance; so that no epidemic influence, or simultaneous subjection to exciting causes can be alleged, to contravene the supposition of family diathesis.

One of the most remarkable predisposing causes of croup is early weaning. So many close observers agree upon this point, that we may receive it as an established fact. Of the 10 cases under my observation 5 were children of females, who, from frequent gestation, were obliged to wean their children early. Other conditions, such as enlargement of the tonsils, and the influence of exanthematous or other disease, also predispose to the disease.

The immediate causes of croup are generally referred to atmospherical conditions. Cold, especially humid cold, is probably the most common exciting cause. The influence of temperature is shown by its greater frequency during the cold months of the year. Of 180 cases occurring in the city of Boston in 1852, 132 were in the first three and last three months of the year. The months showing respectively the highest and lowest number of deaths for three years in Kentucky, were October and May.

The Registration Report of Kentucky for 1854, shows a large increase of the deaths from croup over that of the previous year. The last eight months of 1854 were remarkable for extreme, almost unbroken dryness of the atmosphere, and it is a singular fact, that nearly the entire increase of deaths for the year occurred during its terminal half. This will be more clearly shown by the following table:

	DEATHS.
First six months of 1853	207
" " " " 1854	218
Excess	9
Last six months of 1853	173
" " " " 1854	321
Excess	148

I shall not attempt an explanation of this seeming contradiction to previous observation, but simply suggest that the continual irritation of the respiratory mucous membrane by particles of floating detritus might tend to induce the catarrhal irritation and hyperæmia preliminary to croup. When treating of the pathological condition of the system in croup, I shall refer again to this point.

Diagnosis.—The diseases most frequently confounded with croup are catarrh, laryngitis, laryngismus, and diptheritis. I propose to notice these only so far as to point out the resemblance and relations they bear to membranous croup.

1st. *Catarrh.*—The catarrhal or mucuous croup of some authors, does not, in my opinion, deserve to be considered a variety of croup. Congestion about the glottidean chink, and viscid mucus adhering to the walls of the larynx, may give rise to hoarseness and stridulous cough, bearing sufficient analogy to croup to awaken some anxiety; but the diagnosis is not difficult; the symptoms lack the gravity and intensity of those of croup; and with the subsidence of the slight febrile action attending the affection, renewed secretion occurs and relieves the congested membrane. The bronchitic, rather than the croupal nature of the disease determines the diagnosis.

2d. *Laryngitis*—Laryngitis or inflammatory croup is, in the child, very often mistaken for membranous croup. The diagnosis is generally very difficult, but, in a practical point of view, important. I shall have occasion under a subsequent head to express my views of the difference in the nature of the two affections, and shall here consider only the question of diagnosis. Barthez and Rilliet remark that "the diagnosis in certain cases is so difficult that practitioners the most experienced have been and still will often be led into error."

The following is a comparative synopsis of symptoms from these authors:

PSEUDO-MEMBRANOUS CROUP.

Pseudo-membranous angina often precedes the invasion.

The symptoms of invasion exhibit generally less gravity, the fever is less intense, excitement less marked.

The raucity of the cough and hoarseness increase progressively.

The dyspnœa exhibits itself in violent paroxysms which often leave between them a manifest remission.

The febrile movement is rarely of a high degree of intensity.

The intellectual functions remain unaffected.

LARYNGITIS.

No preceding diptheritic angina.

The disease announces itself like the severe phlegmasiæ by very intense fever and great agitation.

The cough is very raucous from the onset; the severe hoarseness results in aphony.

The dispnœa exists from the beginning and augments progressively; very rarely attended by suffocative fits.

The fever is violent during the whole course of the disease.

Delirium and convulsions sometimes occur.

Laryngitis is attended with more pain, heat, and tenderness in front of the throat. The expectoration is frothy, ropy mucus. The only positive points of diagnosis, however, are the appearance of the false membrane upon the fauces, or its expectoration in the one disease and its absence in the other. We have not sufficient statistics to justify any conclusion with regard to the frequency of laryngitis in early life. Under Dr. Ware's observation its relative frequency to croup was as 18 to 22. The average duration of laryngitis in the child is much less than that of croup. Its career, more synochal in type, terminates, if fatal, equally as soon, and if favorable, much sooner than that of croup.

3d. *Laryngismus.*—Laryngismus, or the spasmodic croup of some authors, is more often confounded with membranous croup than any other disease. A large majority of those sudden attacks reported by some writers as violent cases of croup resulting in speedy cure, are doubtless only instances of laryngismus. It is, in its purity, a disorder of the diastaltic spinal system; or, according to Marshall Hall, it is rather a sympton than a disease, and may attach itself to many conditions, and appear in various grades of severity. It is a frequent attendant upon the process of dentition, and is referable then to irritation of the trifacial nerve. Irritation of the pneumogastric nerve from overfeeding or indigestion may also occasion it. Dr.

Ley relates cases in which it seemed to be occasioned by pressure on the pneumogastric from enlarged bronchial glands. Dr. T. G. Richardson of this city has met with a similar instance. In this latter form it is, according to Dr. Hall, "paralytic," persistent in its recurrences, and fatal. Under almost all other circumstances it ceases simultaneously with the removal of the exciting cause. It is more apt to appear in children of nervous temperament. The attack is liable to come on at night, sometimes recurring only at night, and manifesting occasionally a remarkable tendency to periodicity in its returns. I have notes of a case, recently witnessed, in which the paroxysms recurred within a short period of 7 o'clock, for three successive evenings. The advent of laryngismus is sudden, seldom preceded by catarrh, or any prodrome calculated to attract attention to the respiratory organs. The cough is more hoarse, raucous and sonorous than that of croup. The voice is hoarse and cracked, but never lost. The respiration is frequently very hurried and laborious ; it reached 60 in a minute in a case under my observation. In laryngismus the inspiration is difficult, and expiration comparatively easy ; in croup both acts are obstructed. The cyanosis, intermittent pulse, and reverted head are often as strongly marked as in the last stage of membranous croup. During the remissions of membranous croup, the cough and respiration, though moderated in their intensity, retain their pathognomonic character ; while in the intervals of the paroxysms of laryngismus the patient is often almost entirely exempt from indications of disease. There is seldom persistent fever in laryngismus, though it sometimes occurs that an inflammatory element, general or local, is combined with the affection, and gives it a febrile type. Family idiosyncrasy will often assist in determining the diagnosis ; if the patient or other members of the family have had laryngismus or infantile convulsions, the presumption will be strong that the present is a convulsive affection. There is no appearance of false membrane upon the fauces in laryngismus, nor expectoration which would justify the belief that such exudation had existed in any part of the tracheal course. Dr. Churchill is of the opinion that the disease may, by neglect, be converted into membranous croup, but the records of medical science are so barren of such instances that we may consider their rare occurrence as simply an accidental blending of the two affections. This malady should, in our opinion, be regarded as a complication, but not a variety of croup.

4th. *Diptheritis, or Secondary Croup.*—This affection possesses so many symptoms in common with idiopathic croup, and so few of striking contrast, that I am confirmed in the opinion that they are true congeners, and should be classed as such. Dr. David Welsh, in an account of diptheritis which appeared in the Ohio Med. and Surg. Journal, May, 1850, gives the following symptoms of invasion: "The constitutional symptoms were generally vague and deceptive at the outset, there being but little to attract the attention of the careless observer—generally nothing more than apparent lassitude with a dullness of expression and slight tendency to somnolency, and generally moderate febrile excitement and derangement of the secretions; the patients complaining little or none." The first local manifestation, as an idiopathic croup, is upon the fauces. There first appeared blotches upon the mucous membrane and "very soon there could be seen concretions forming upon the inflamed surfaces, first in small circumscribed patches of irregular shape, not very dissimilar to patches of curdled milk, of varying shades of color, at other times of a dirty bluish tint. As the inflammation went on, these inspissated concretions spread and coalesced, presenting the appearance of false membranes, sometimes covering the entire pharynx and velum palati."

Although the point of local development in these two affections is the same, their mode of progression differs somewhat. That of croup, as we have seen, is nearly always from above downwards, while that of diptheritis is very often in different directions. The exudation of diptheritis differs from that of croup in its greater tendency to occur at first in insulated patches, and by its greater aptitude to exhibit itself upon blistered, abraded, or ulcerated surfaces. The esophagus, stomach and vagina are occasionally seats of its development. The exudation is also softer, and undergoes decomposition earlier than that of croup. Diptheritis is a more ataxic condition of disease than croup, and is often attended with fœted breath, diarrhœa, and well marked typhoid indications. The fœtor of the breath, and probably the diarrhœa, are due to the putrefaction of the deposit, (Empis). More or less swelling of the submaxillary glands is said to be always present. Diptheritis is epidemic in its tendencies, and sometimes impresses large districts with its influence. It has occasionally appeared to be contagious, but this point is not positively established. The history of the case and prevalent diathesis may serve to establish the diagnosis previous to the invasion of the larynx; after that event, the disease may, for all practical purposes, be regarded as one of the true croup, subject to the same laws of prognosis and treatment.

Nature.—The nature of croup is a subject so difficult of explanation, that farther investigations seem to be yet required to settle beyond question some points of its pathology. The idea has long been held by most of the profession, that it is purely a local inflammation, differing only in degree from simple acute laryngitis. Others again have taken the ground that the expression of inflammatory symptoms, either local or general, has not so much agency in determining the presence or absence of false membranes, as its accidental dislodgement from the throat by expectoration. I am not prepared to deny that this latter circumstance may not occasionally prevent the concretion of the exudation, but that it has any just claim to be considered as the sole cause, or even a common cause, of the difference between croup and laryngitis, is, I think, a matter of inference only, and not of proof. I do not think the phenomena of croup will support either of the above conclusions. On the contrary, many of them clearly point to an essential difference in the character of these affections—a difference which does not regard the intensity or extent of the inflammation so much as the state of the system at the time of its incursion. Without attempting to discuss this question as fully as its importance demands, I shall trust the safety of my conclusion to one or two points of contrast between croup and laryngitis, and to the opinions of the distinguished pathologists upon whose researches it is based. If, with a view to comparison, laryngitis be taken as the type of a local inflammation in a normal state of the constitution, the deviations of the croup from the standard are shown by the following facts: 1st. That traumatic inflammations of the larynx do not result in croup. Barthez and Rilliet quote an exception, it is true, where the child of a druggist died of croup from inhaling the vapor of muriatic acid; but as far as my researches have been made, this is the only case of the kind on record, and I am disposed to regard it as a mere coincidence of cause and predisposition. Scalds of the glottis sometimes gives rise to an exudation, but it is confined to the points of primary lesion, and does not, like that of croup, extend continuously over large surfaces of membrane. 2d. Although fibrinous exudation relieves local inflammation, as Rokitansky and others have shown, yet the tendency of croup membrane is to reproduce itself when forcibly removed from a surface; this would not be likely to occur if the disease were purely local. 3d. In croup, exudation upon ulcerated or abraded surfaces are not very uncommon; in laryngitis, they never occur.

These differences in character appear to me to be explicable only by the supposition of a constitutional diathesis in croup, and are, I think, best accounted for by the teachings of the Vienna school of pathology, to which, however, my limits will allow only a brief allusion. Rokitansky contends that croup is but the local manifestation of a constitutional disorder, and supposes this derangement of the constitution to be a deviation from the normal state of the fibrine of the blood. He denominates this condition the "fibrine crasis," and supposes the change may be either qualitative or quantitative. Dr. Mauthner of Vienna says: "that increase of, and qualitative changes in the fibrine of the blood are found to be favorable conditions for the occurrence of croupose products is not to be denied, since it is a clinical fact, that, in many cases, such a state of this fluid precedes the local affection. But our knowledge concerning the blood crasis, being yet very imperfect, it may occur to the most experienced that croupose exudation shall be formed, of whose existence he is ignorant, or only knows when too late." The causes and nature of this pre-existent crasis in croup look to future observations for their establishment. Dr. Theophilus Thompson seems to regard super-fibrination of the blood as a cause of fibrinous exudation, and supposes excessive use of animal food likely to produce this state of hyperinosis. If this supposition be correct, it may in part account for the frequency of croup among children who are taken early from the breast, and fed upon diet of this description. It may also account, in part, for the increased prevalence of croup in Kentucky during the latter part of 1854, when, from the extreme dry weather, the supply of vegetables was deficient, and a greater resort to animal food necessarily induced. The same causes existed to produce an epidemic croup under the observation of Dr. Vauthier in Paris during the year 1846–7. However little we are able to say positively upon this subject, we know that the state of respiration in croup is not favorable to the increase of fibrine, and if its excess in the blood be found to exist in that disease, the inference is very strong that the increase occurred at least prior to the obstructed respiration.

It may be stated then that while catarrhal hyperæmia of the throat and larynx may be equally the exciting cause of croup and laryngitis, the pre-existent crasis is the cause that determines the nature of the disease. I would account for its great prevalence among children by reference to the following circumstances: 1st. The mal-adaptation of diet to the systemic wants of children induces more frequent derangement of the constituents in their circulating fluids. 2d. The greater frequency of catarrhal irritations, as exciting causes. 3d. The greater tenuity of the mucous membrane and the walls of its terminal vessels in children, is more favorable to the exudative process. The converse of this, combined with a greater laxity of the sub-mucous areolar tissue in the adult is more favorable to infiltration beneath (œdema glottidis) than to exudation upon the membrane. 4th. In the adult, the greater calibre of the larynx, and ability to expectorate, favor the expulsion of the exudation prior to its concretion.

With regard to the formation of the false membrane, Rokitansky says, "from analogy, it is probable that at the commencement of the process a serous fluid is effused, by which the epithelium of the diseased mucous membrane is destroyed, and that the exudation of the plastic matter takes place afterwards." When the system is in a sthenic condition and the local inflammation not intense, the exudation assimilates, in its power of organization, more to the blood plasma, and its concretion is more perfect. The converse is equally true, for we observe in diptheritis, where the local inflammation leads to ulceration, as it does not unfrequently, and the state of the system is asthenic, the exudation has a more feeble power of organization, is soft, of a semi-purulent character, and undergoes rapid decomposition. The strong disposition this exudation manifests to pass from the pharyngeal to the laryngeal surface has not been explained. Empis supposed that exposure to air was more favorable to the exudative process, which, if correct, may serve to account for this preference. These observations are, I think, important to a knowledge of the nature of croup.

Laryngismus is also an important element in the nature of croup, with which it is always more or less combined, and upon the character of which it stamps, more or less completely, its own impress. The periodic exacerbations of croup, and the aggravation of its symptoms under emotional excitement, are undoubtedly due to this spasmodic complication. The best explanation that can be offered of the tendency of croup to nocturnal announcement and aggravation, is that given by Marshall Hall, and quoted by Dr. Newman.

"Volition has a constant influence over some of the muscular actions, of which we are almost unconscious, and which we only discover by carefully observing the effects of its subtraction. The acts of respiration, originating as they do in the reflex function of the spinal cord, are nevertheless regulated and rendered equable by the silent but constant influence and agency of volition." Thus, during the withdrawal of volition in sleep, the laryngeal muscles are more amenable to spasmodic influence, and by their irregular contraction produce the dispnœal fits. During the latter stages of croup, convulsions occasionally occur, ascribable no doubt in many instances to a poisoned state of the blood from retained carbon.—*Louisville Review.*

Art. IV.—*Cæsarian Section.*

Among the notable events of the last few months, we should not neglect to include the first Cæsarian operation ever performed in this state, resulting in the recovery of both mother and child. This surgical feat has been achieved by our friend and fellow-townsman Dr. Charles S. Mills, who performed the operation of hysterotomy on the person of a negro dwarf during the month of May last, with entire success.

The subject of this operation is about twenty-three years old, and not more than three feet nine inches in height. The upper portion of the body is very well developed, the arrest of growth being confined entirely to the pelvis and lower limbs. The probable necessity for the operation had led the family physician to propose the induction of premature delivery, but his advice was not followed, and on arriving at full term, the extreme contraction of the pelvis prevented any doubt as to the true course to be pursued.

The operation, which was performed under the influence of chloroform, and at night, presents no features of peculiar interest. The happy effects of chloroform were exemplified in a marked degree, the viscera remaining perfectly quiet, not interfering as they usually do, in the progress of the operation. The case went on safely, without any symptoms likely to produce alarm, until crural phlebitis appeared about the eighteenth day after the operation, which, however, yielded to active treatment, and the woman, by the 7th of June, had entirely convalesced. During this period the infant had never required the interference of the physician.

It is with much pleasure that we record the entire success of this operation, the first to be found in the annals of Virginia surgery; and we will close these remarks with a short sketch of the various Cæsarian sections performed in this state, which we have been able at this time to collect, and their results.

Dr. Herndon of Fredericksburg, in the year 1846, performed this operation for the purpose of taking away a dead fœtus from the womb. This case is remarkable for the fact, that on making the abdominal section, the peritonæum was found closely adherent to the uterus, and hence the operation was rendered remarkably simple, as the integrity of the abdominal cavity proper was not disturbed. The dead fœtus was extracted, and the woman *recovered.* This case is reported in the April No. 1846 of the American Journal of Medical Sciences.

Dr. Smith of Northampton county, Virginia, performed the operation of hysterotomy in or near the town of Eastville some time during the year 1851. The particulars of this case will be reported in a future number of this journal. It resulted in the death of the mother, but the *child lived.*

The case of Dr. Mills is the next in order, securing the safety of both mother and child; and a few weeks subsequent to the date of this operation, Dr. Edward Drew of this city was compelled to perform the Cæsarian section on the body of a negro dwarf whose pelvis was so extremely contracted as to prevent the possibility of a natural delivery. This case also will appear in our columns. It resulted in the death of the mother, the life of the child being saved.

Thus, in four operations, we have the recovery of the mother in two instances, and three children saved—the fourth (Dr. Herndon's case) having been dead for some time. We think it probable, however, that in a few months we will be able to collect the statistics of other operations of like character, which have been performed in Virginia in times gone by, and have, with characteristic neglect, been permitted to remain unrecorded.

The success of this operation in the hands of American surgeons has been remarkably great. Churchill, in his Tables of the Results of British and American Practice, gives *five* American operations, including Dr. William Gibson's famous case, on whom hysterotomy was performed *twice successfully.* These five cases resulted in the recovery of every mother and the safety of four children. But in forty-seven British operations, we observe a loss of thirty-eight mothers!

The statistics of the European operations are more encouraging. In all Catholic countries, we find a greater inclination to the performance of this terrible operation at an early period, which may be attributed to the desire to preserve the life of the unbaptized infant. Indeed, there are cases of women who have submitted to the Cæsarian section, and afterwards have borne children per vias naturales. In the dictionaire of Fabre we find two hundred and ninety-three cases collected by Velpeau and Hœbeke. Of these, one hundred and thirty-four were saved. Thus, on the continent two-fifths of the women have recovered, and about three-fourths of the children saved.—*Virginia Medical Journal.*

ART. V.—*Discourses on Uterine Diseases.*

Whatever touches the uterus, medically speaking, of course, has the privilege of rousing the attention and interest of physicians and surgeons. The innumerable publications on this subject are always sure to find eager readers. The theme is apparently exhaustless, else it would long since have been exhausted. In the last thirty years, what frequent and terrible battles have been fought about the uterus! What has not been said or written about the poor organ? What has not been done to it above all? It has been cauterized with concentrated acids, potential salts, heated irons and galvanic contrivances of porcelain and platinum; it has been incised, impaled, injected, fumigated, mutilated, ligated, extirpated even; and all this for its own good, of course! We call women the weaker sex; we should like to know how the pretended strong sex would come out of such a course of delicate manipulation.

As discussions on uterine diseases have been mostly bitter polemics, so the treatises on the subject are chiefly of a controversial nature, filled with special pleading and exaggeration, and calculated to bewilder rather than to afford information. The consequence is that the majority of young practitioners, at least, have either unsettled or partisan views respecting this important class of affections.

In 1854, a discussion on the displacements of the uterus arose in the French academy, which soon extended so as to embrace the chief portions of uterine pathology. A meagre abstract of this interesting debate was presented to our readers at the time it occurred.

Though sufficiently animated, it was less passionate than some former discussions, and the leading men who engaged in it seemed anxious to record their sober judgment, rather than to urge their favorite theories or modes of practice. We have long desired to quote at length the opinions of some of the French academicians whose authority on this subject is justly respected, but have been unable to do so on account of the pressure of other matter. In the present number we insert the discourse of Professor Dubois, which will be succeeded by the orations of MM. Huguier, Velpeau, Cazeaux, etc., as fast as we can find room for them.

As a kind of introduction, we translate the following description of the academic orators, from the pen of Amédée Latour, the spirited editor of L'Union Médicale.

"Do you know that in this discussion there have been fourteen grand orations delivered by ten orators? My pen yearns to pass the speakers in review. But our profession in Paris has become so susceptible, so *touchy*, if I may be excused the expression, that I dare not venture on those innocent little criticisms which my readers used to receive so benevolently.

"What harm could it do, for example, for me to say:

"M. Depaul is an academician of great prominence, but he needs to habituate himself to those courteous forms of language which render criticism the more poignant as it is more polished. His talent for discussion is incontestable; but he would improve by giving more variety to his argument, by laying aside certain stiff and set expressions, by refraining from following his adversary, sentence by sentence, by dwelling on important points and passing over details more rapidly. M. Depaul has one charming defect; he is young; he has time and opportunity to acquire more freedom in the tribune, greater facility in elocution, and more felicitous and appropriate forms of discussion. What his friends should chiefly urge on M. Depaul, is to bear contradiction calmly and patiently; this condition is indispensable at the academy, in anticipation of which, no doubt, it was indited in scripture: *Deus tradidit mundum disputationibus eorum.*

"M. Malgaigne requires no advice. His discourses are always agreeable, spicy and keen; too keen, sometimes, for the austere accuse him of occasionally forgetting the precepts of charity and the rules of good taste. What I should like to correct in M. Malgaigne is his declamation. He indulges in vocal outbursts, boisterous intonations, bursts of pulmonary thunder, which the placid subjects of discussion do not always justify. Whoever had entered the academy last Tuesday, for example, at a certain period of M. Malgaigne's speech, would have thought that he heard a vehement apostrophe against some new Cataline, and would have been greatly astonished on learning that the noisy eloquence was addressed only to the speculum. But apart from these little defects, which only prove that M. Malgaigne has not taken lessons in declamation like some of his colleagues that I could name, what pungency, what wit, what brilliant facility in the orations of this academician! What a marvelous aptness! Speech is to him like a docile instrument which evolves the most varied sounds. He holds the audience for hours under the charm of that clear, accentuated elocution, now vehement, then sarcastic, here grave and lofty, there lively and biting, always correct, often elegant and redolent of that literary charm,

'Now a days, alas! so rare.'

"M. Huguier is accused of making his speeches too didactic; they say he speaks like a pedagogue. This is partly true. One too quickly recognizes in this orator the professor who has been long in harness at the *Ecole Pratique;* who has all his life been surrounded by pupils whom he was initiating into the elements of their art. M. Huguier excels in extracting a question from philosophic heights and fixing the discussion on useful and practical applications; his mind delights in details rather than generalities, in facts rather than principles; he is not ambitious of establishing therapeutical or pathological *laws;* on the contrary, he divides and subdivides morbid conditions, seeking to assign to each variety its causes, symptoms and treatment.

"M. Hervey de Chegoin does not court oratorical success; a slight impediment in speech forbids it. When this honorable academician engages in the discussions, which is rarely, he writes a few pages very judiciously conceived, and has them read by one of his colleagues; and this modest participation is always received with the greatest consideration by the academy, which knows and appreciates the practical good sense and vast experience of M. Hervey.

"M. Paul Dubois is, of all the academic orators, the one whose discourses are strikingly characterized by that extreme courtesy and scrupulous politeness, the absence of which is elsewhere felt unpleasantly. That slow and unctious utterance, that studied preference for the most prudent and reserved expressions, that constant care to use not a single word or gesture under the impulse of emotion, that visible solicitude as to the interpretation which may be given to his language, that obvious apprehension lest he may go beyond what he really wishes to say, all this impresses a peculiar character on the discourses of M. Dubois. It is not always easy to seize the real thought of the skillful orator under the triple veil which envelopes it—a soft and silken veil, strewn with charming ornaments, which seem placed artistically to distract attention, or to deaden the sting of a criticism which is very penetrating notwithstanding. Long before the discovery of anæsthesia in surgery, M. Dubois invented anæsthesia in criticism, that is, the precious art of mutilating the discourse or doctrines of an adversary beyond redemption, without giving him the slightest pretext for complaint or recrimination.

"M. Cazeaux is distinguished by opposite characteristics. As an orator, he is perfectly parliamentary, but very sharp and decided. He comes at once to the gist of a question, without noticing preliminaries. His argumentation is searching and rigorous; he is of the positive order; he cares little for accessories and ornaments; he presses forward to the main issue; his criticism is straight-forward and plain; nothing is concealed or softened down. It is the old Gaulic manner, harsh perhaps, but frank and devoid of subtlety or malice.

"M. Gibert has the palm among orators of the wrathful order. His discourses are satires, in which each word is an epigram. Living in wrapt contemplation of ancient science, the worship of Hippocrates absorbs all his admiration. Modern progress is a fiction, a fable, an illusion. In vehement irritated accents, he makes short work of its pretensions. What we are surest of is that nothing is to be known outside the hippocratic canon. M. Gibert arranges all this with a certain art, with much tart and pungent wit, and the effect of his discourses is always racy and agreeable.

"M. Velpeau, of all the orators at the academy, is the one whose speeches show the least indications of labor and preparation. Always sure of what he wishes to say, the great surgeon pays little attention to the manner of saying it, and this carelessness of forms, which would be perilous for others, is in him attended by almost constant success in the tribune. Every body loves the informality of his discourses, his familiarity, his readiness, the playful irony of his argumentation, and his biting and witty criticism. He can speak for a long time without wearying the auditory, such is his faculty of captivating the attention, without declamation or any artifice of rhetoric, simply by the resources of an argument always guided by good sense, and ever and anon enlivened by some sly jest. Not that M. Velpeau does not debate with skill and adroitness; but there is nothing artificial in it; he is logical naturally, by the force of his keen intellect, without studying the rules of ratiocination.

"Here, good gracious! is what the *feuilleton* might have said, in the good old time, when academicians were so delightfully tolerant, and smiled at its innocent little chat. But, now-a-days—no, indeed!" —*Virginia Med. Journal.*

Art. VI.—*Ricord and his Patient.*

The following sprightly feuilleton is from the pen of Dr. Schlesinger, a Paris correspondent of the Vienna Medical Times:

I had an opportunity of observing a case in the private practice of Prof. Ricord, and the communication may not be uninteresting, when viewed from the stand point of unus pro multis. A young countryman had enjoyed the seductive charms of beautiful Lutaetia, and had studied the manner of living of the French, particularly in those large schools at Mabile, Jardin d'Hiver and Asnieres, and indeed had become so immersed in his favorite study, that he bore away, as a final prize—a gonorrhœa. The martyr to these studies had already been, when I arrived in Paris, for seven weeks in undisputed possession of this enviable acquisition. Ricord was his physician. During this time he had made twenty visits to Ricord, and received six visits from him. For the former Ricord received each time the usual honorarium of twenty francs—for the latter, forty francs. The doctor's bill alone was 640 francs. But the gonorrhœa, at the end of the seventh week, was still—in floribus. Besides the doctor, the apothecary had profited, in this right French article, from 120 to 150 francs. Ricord writes recipes, many, very many recipes, daily changing them, and daily making them more costly. He says, you can have these put up by any favorite apothecary, "mais le Pharmacien Favrot, Rue Richelieu, connait, deja mes ordonnances." The hint is as good as a command. You go then to Favrot, Rue Richelieu. And our countryman went there also. Ricord had prescribed already, by turns, tisans, limonade gazeuse purgative, capsules de cubebe, capsules de copahu, copahine mege ferree prep., different syrups, baths and costly perfumed injections, when, in addition to the gonorrhœa, slight symptoms of the commencement of an epididymitis appeared, and he ordered the application of fifteen leeches. The Pharmacien Favrot, Rue Richelieu, is a French tradesman, in the most gallant and refined sense of this significant word. He takes the recipe, and tells the young man that he will send the leeches, with suitable accompaniments, to the hotel. Now comes a pretty demoiselle with an elegant carton. Therein are to be found leeches, linen, charpie, sponge, sticking plaster, suspensory, syringe, scissors—in short, every thing that a man in such a condition could desire for weal or woe, and every thing is nice and tasteful. The pretty bearer of this Pandora's box is the "Nourrice." The nourrice is the attendant, the leecher. The young man is taken aback—the feeling of shame suddenly comes to him. She discovers it and says; "Eh! vous avez honte, allez vous en' j'ai deja vu ca depuis mon enfance mille et mille fois." I have confidence in her veracity.

In addition to the usual quick irritability of the genitals during a gonorrhœa, the pretty nourrice, although she understands how to treat the corpus delecti with practiced and very delicate hands, yet still remains a—pretty nourrice. The nourrice laughs maliciously, and relates, during the application, some most charming little stories out of the chronique scandaleuse of the Parisians. She knows many a piquant tale even about the doctor and the apothecary.

After a few days, the apothecary's bill comes in, 80 to 100 francs for the carton, its contents, and the messenger. I have in my possession such recipes and bills. The circumstance that the apothecaries in France, as in England, have a care for every thing that a man requires in such a gallant condition, has also its bright side, since the patient is not obliged to run to ten places before he collects his curative apparatus. This makes a wearisome day. In our country, the apothecary would be sued for damage to business, on account of the linen by the linen draper, of the sponge by the grocer, of the knife by the cutler, of the suspensory by the bandage maker, of the syringe by the glass blower or pewter worker, and the board of trade and the magistrate would have their trouble!

After I had been in Paris five weeks, in the twelfth of the gonorrhœa, the young man was still not rid of his dear companion—he was very morose, not able to continue his studies, and had expended there a sum of 1,200 francs on the doctor and the apothecary. A pretty outlay of capital, with—*running* interest.—*American Med. Monthly*

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

The Obstetric Memoirs and Contributions of James Y. Simpson, M. D., F. R. S. E., Prof. of Midwifery in the University of Edinburgh, etc., etc. Edited by W. O. Priestly, M. D., Edinburgh, formerly Vice President of the Parisian Medical Society, and Horatio R. Storer, M. D., Boston, U. S., one of the physicians to the Boston Lying-In-Hospital, etc., etc. Vol. 2. Philadelphia: Lippencott & Co., 1856. pp. 718.

This, as the reader will notice, is the *second* volume of Prof. Simpson's Contributions to the subject of Obstetrical Science. The former one, noticed only a few months since in the Journal, and this, make up a very full expose of the subjects, primary and collateral, to midwifery. The present volume contains essays on

"The Pathology of the Puerperal state;

"The Physiology and Pathology of the Products of Conception; and

"The Pathology of Infancy and Childhood."

Besides, there is added a number of papers on Anæsthetics in Midwifery, Surgery, etc. Some of these papers on Anæsthesia have already appeared in this country, but they have lately been revised by the author, with such additions as the progress of experiments seemed to require. A number of the papers are entirely new, as for example the one entitled the "Morphology of the Male Uterus, and on the Unity of the Organic Type between the two Sexes;" "The Rudimentary Reproduction of Extremities after their Spontaneous Amputation;" "The Practical Application of Chloroform as a Topical Anæsthetic to Mucous and Cutaneous Surfaces," etc.

The work, indeed, abounds with essays, philosophical, experimental and practical, the doctrines of which may not all be subscribed to by the reader, but we cannot avoid being improved by giving them a consideration.

As a sample of the work, we insert the following on "The Topical Use of Chloroform:"

"ON THE PRACTICAL APPLICATION OF CHLOROFORM AS A TOPICAL ANÆSTHETIC TO MUCOUS AND CUTANEOUS SURFACES.—In 1848, the preceding essay on local anæsthesia and its artificial production by chloroform, &c., was printed in two English medical journals. ,

"In 1853, Dr. Hardy, of Dublin, published in the November number of the Dublin Quarterly Journal of Medical Science, an interesting communication on the same subject entitled, 'On the Local Application of the Vapor of Chloroform in the Treatment of various Diseases.'

"The principal peculiarity in Dr. Hardy's essay consisted in the proposals of a special valved instrument—the Anæsthetic Douche as he termed it—for the purpose of applying in an intermittent stream, the vapor of chloroform to any part or surface that was wished to be affected.

"But in projecting a stream of chloroform vapor upon any point, I have generally made use merely of a common enema syringe, and it will be found, I believe, to serve as well, if not indeed better, than any of the complex and expensive special instruments invented for the purpose. In fact, a large and more powerful stream of vapor can be kept up by an enema syringe than by any of the special anæsthetic douches which I have seen.

"Any of the usual forms of pea-valve enema syringe will answer the purpose, provided their lower or receiving extremity be immersed in the vapor of chloroform, and the instrument worked in the usual way employed for the transmission of water or other liquids. The vapor of chloroform, &c., or rather of air loaded with the vapor, passes readily through the canal of the syringe, and is projected in an intermittent stream from its orifice.

"The syringe which I have generally used for this purpose is the barrel syringe of Mr. Higginson. It consists of three pieces of caoutchouc tubing, the middle or thickest portion being provided at either extremity with the common pea or ball valve, and altogether forms, in my opinion, by far the simplest, most durable, and at the same time the cheapest description of syringe yet suggested for injecting fluids into the rectum or vagina. When used for the transmission of chloroform vapor, it requires to be worked in the usual way for the transmission of liquids, but with its lower or inferior extremity placed in air loaded with the vapor of chloroform. In order to effect this last arrangement, all that is necessary is to place this lower extremity of the instrument in the neck of a phial or bottle containing liquid chloroform. The lower extremity of the barrel enema syringe is generally made of the size and form of the two last joints of the little finger; and the tube is encircled with a projecting ridge or shoulder above this point. When employed as an anæsthetic douche, this finger-like end of the instrument is passed into the neck of a chloroform bottle sufficiently large to admit it easily; whilst at the same time the circular projecting ridge of the tube rests on the mouth of the phial. For this purpose the common six-ounce phial or bottle, with a mouth four or five lines wide, answers perfectly. An ounce of chloroform placed in the bottom of the phial will enable it to serve as an anæsthetic douche for a long time. Before using it, the shaking of the bottle will impregnate the air in it more thoroughly with chloroform vapor. When patients themselves employ the syringe and bottle, perhaps it will be found necessary to explain to them that they are not to inject the liquid chloroform through the tube, but only the vapor of it, or rather air loaded with the vapor.

"The preceding simple arrangement converts a common enema or vaginal syringe into an anæsthetic douche, equally, or indeed. more powerful than the ingenious instrument specially invented by Dr• Hardy for the purpose. As a proof of this, let me merely state, that in various trials upon various individuals, I have never seen the stream of vapor from Dr. Hardy's instrument, when fully charged, produce a state of general anæsthesia when the jet from it was projected into the mouth; but I have found that result to follow in some instances when the same experiment was made with a stronger and more sustained stream of chloroform vapor sent through the common syringe.

"When the inferior end of the enema syringe employed is of such a shape that it will not pass into the neck of a bottle containing chloroform, other arrangements may be required to supply it with chloroform vapor. For this purpose the lower end of the syringe may be placed upon the hollow of a concave sponge bedewed with chloroform; or a piece of lint, flannel, or the corner of a handkerchief, or other such material, freely wetted with it, may be lightly rolled around the lower extremity of the instrument. Sometimes, with the same view, I have placed the end of the syringe in the bottom of a cup or tumbler in which there was a bit of sponge or lint soaked with chloroform; for the vapor of chloroform being nearly four times heavier than atmospheric air, fills always the lower part of such a vessel. By any of these means, a sufficient quantity of chloroform vapor can be supplied to fill the instrument, and to make a stream of it pass from its superior orifice, when the syringe is worked in the usual manner for transmitting liquids.

"I have used the injection of chloroform vapor into the vagina by the preceding method in many cases of painful and neuralgic conditions of the uterine and pelvic organs. In most instances, after the first sensations of warmth produced by the injection have passed away, relief has been found to follow for a greater or less length of time ; and to sustain this state of freedom from suffering, the injection has generally required to be repeated by the patient after the lapse of a few hours. This treatment has appeared to me more particularly useful in neuralgic states of the uterine organs and passages; in those organic diseases that are occasionally accompanied with sufferings, as carcinoma uteri ; in some cases of severe feelings of bearing down, and incapacity to stand and walk, complicated with displacements and enlargements of the uterus ; and in various spasmodic conditions of the uterus attended with pain, as in threatened abortions ; in after-pains ; and most markedly in severe dysmenorrhœa. But at the same time I would beg to remark that in various instances in which the preceding morbid states were present, and in which I fully expected the usual anodyne effect of the vapor to be experienced, the treatment has failed to give the usual relief ; probably because the mere superficial anæsthesia which results from the anæsthetic vapor was not sufficient in depth or in degree to produce an anodyne effect. In other instances, on the contrary, in consequence, perhaps, of the peripheral extremities of the nerves distributed to the genital mucous surface being specially effected, or having a special reflex influence upon the deeper-seated parts and pains, the chloroform vapor has succeeded not only in producing temporary relief, but in producing even a speedy and permanent cure, under circumstances where the previous duration and severity of the symptoms seemed, a priori, to forbid the hope of a restoration to health by this means alone. I had, for example, lately under my care, a patient who, in consequence of severe pelvic or uterine pain, had been obliged to keep the supine position upon the bed or sofa for nearly six months previously. All attempts at standing or walking brought on renewed paroxysms of suffering. The uterus was slightly retroverted, but otherwise apparently healthy. After being brought with some difficulty to Edinburgh from a distant part of England, the only treatment to which she was subjected, consisted of the injection of chloroform vapor several times a day into the vagina, which at once relieved, and ultimately altogether removed the uterine pains.—Within a week, the morbid sensibilities of the parts entirely disappeared. There was about a month subsequently a short relapse, in consequence of indiscretion in exercise and exposure to cold, but the attack speedily yielded to the same treatment. I never had the pleasure of watching such a speedy and perfect restoration to health and happiness from that state of hysteraluia which so often entails upon patients misery and suffering for long months and years.

"I have repeatedly applied chloroform to the maternal passages during labor in cases of rigidity of these passages, and particularly in rigidity of the cervix uteri when co existing with morbid irritability and sensibility of the parts. In these instances I have used sometimes the chloroform vapor injected by the usual means; sometimes a few drops of fluid chloroform mixed up with oil, or with a small solid mass of butter or ointment. The practice has appeared to me to be very often followed by two beneficial results; first, the abatement of the supersensibility of the maternal canals; and secondly, very often also with an increased secretion of mucus, and apparently an increased susceptibility to relaxation and dilatation in the rigid structures.

"In the preceding remarks I have hitherto spoken of chloroform when applied as a local anæsthetic to the genital mucous canals. Its local anæsthetic action on other mucous surfaces has not yet been much studied. I have seen, however, the injection of the vapor of chloroform into the rectum, useful also in some instances of morbid irritability and sensibility of the lower end of the intestinal canal, in tenesmus, &c. The mucous membrane of the eye seems in most individuals—especially in its diseased states—too irritable to bear the contact of very concentrated chloroform vapor, such as I employed in some early experiments alluded to in the last chapter; but in case of photophobia and supersensibility to light connected with scrofulous ophthalmia, &c., the vapor of choloroform diluted with air or aqueous vapor, acts sometimes very markedly and beneficially as a local anæsthetic. I have seen the intolerance of light connected with ulcerative corneitis at once relieved by exposing the eye to the vapor of chlorform, raised by pouring a small quantity of the fluid into a cup of warm water. The patient will thus sometimes immediately be enabled to open the eye freely and without pain; and the chloroform vapor often serves also as the best possible medicinal application to the ulcerated surface. The dentist can occasionally relieve the pain of toothache, by the local anæsthesia resulting from the application of a drop of fluid chloroform to the exposed interior of the tooth; or by directing a stream of chloroform vapor upon it. In painful and spasmodic states of the respiratory canals, when chloroform is applied to their mucous surfaces by inhalation, it is difficult, or indeed, impossible, to tell always whether the resulting relief is the effect of local or of general anæsthesia. In some cases of spasmodic asthma, relief is occasionally obtained by doses too slight to have acted by any general anæsthetic effects; but I have seen other instances of the same disease where the paroxysm was not effectually arrested till a complete state of general anæthesia was produced. A similar observation holds true with regard to different cases of laryngismus. Sometimes that troublesome affection, hysterical or spasmodic aphonia, is at once cured by a few inhalations of chloroform vapor, acting perhaps as much upon the principle of a local as of a general anæsthetic. The irritability of the cough in cases of phthisis, bronchitis, pneumonia, &c., is often effectually relieved by doses apparently too small to have acted otherwise than as local anæsthetics. Lastly, in reference to the topical anæsthetic influence of chloroform upon mucous membranes, let me add, that the swallowing of a few drops of fluid chloroform in oil, cream, soda water, or any other convenient vehicle, sometimes speedily abates nausea, vomiting, obstinate hiccup, &c.—perhaps upon the principle of its acting as a local and limited anæsthetic upon the walls of the stomach.

"The preceding observations are limited to the local anæsthetic effect of chloroform upon mucous surfaces and canals. On the skin it produces a topical action, similar in principle, but far less in degree. When the epidermis is removed, or when the skin itself is destroyed, the surface of any existing sore, such as an irritable abrasion, an excoriated nipple, or a benign or carcinamatous ulcer, can be very remarkably anæsthetized and benumbed by the local application of chloroform vapor; but the feelings of great heat and pain, which in the first moments accompany its application, more than counterbalance, in most subjects, the subsequent sedative effects derivable from its use. The various experiments which I have detailed in the preceding essay, show that chloroform fluid or vapor, when applied to the unbroken human skin, produces a degree and depth of local anæsthesia, that is sufficiently great to be sometimes useful in medicine, while it is not sufficiently great to be useful in operative surgery. In medicine, for example, the local anæsthetic effects of chloroform often prove most beneficial in local neuralgia, local rheumatism, &c.; and chloroform mixed with equal, or with varying parts of olive oil, according to the sensitiveness of the patient's skin, is sometimes, in such cases, the most efficient form of cutaneous topical anodyne which we can employ. The amount of local anæsthesia, however, capable of being produced, is not, as I have just stated, by any means deep enough to enable the patient to endure any operative or surgical procedure. In the earlier part of 1854, however, a variety of experiments were made in the Parisian hospitals, under the full belief that a stream of chloroform vapor projected against the skin might produce such an amount of local anæsthesia in any given part of the cutaneous surface, as would allow that surface to be cut or operated upon by the surgeon, without pain to the patient. Dr. Hardy's anæsthetic douche, or some modification of it, was the instrument usually employed in these experiments. Several alleged cases of the perfect success of this local cutaneous anæsthesia were published in the French journals. It was averred, for example, that M. Dubois had opened with the knife, and without pain, an abscess in the axilla, that M. Nelaton opened an abscess in the foot—the vapor of chloroform having in each case been previously applied to the skin; and that M. Danyan also without pain, made a caustic issue on the neck—the skin being prepared by the anæsthetic douche. But additional trials very speedily proved the inutility of the practice, as far at least as the possibility of producing by it immunity from the pain of surgical operations was concerned. At the end of these trials, in commenting upon the subject in the Parisian hospitals, M. Latour, the learned editor of the Union Medicale, observes—'I have felt, I avow, distressed and humbled with all the noise that has been made, and with the recital of all the numerous experiments that have been tried in this matter. I have not desired to accumulate the record of them in this journal; and I would wish that all trace of these facts were, for the honor of the French physiology, blotted out as speedily as possible.'

"In fact, the whole of these experiments and inquiries into the possibility of producing a sufficient amount of local anæsthesia for surgical purposes, by applying chloroform to the unbroken skin, resulted in the conclusion which I had already ventured to publish several years previously, namely, that "in the human subject, partial, and perhaps superficial local anæsthesia of a part, as the hand, can be produced by exposing it to the stronger vapor of chloroform; but the resulting degree of the local anæthesia is not sufficiently deep to allow the part to be cut or operated on without pain."—(Feb. 1856.)

An Analytical Compendium of the various branches of Medical Science, for the use and examination of Students. By JNO. NEILL, M. D., Surgeon of the Pennsylvania Hospital, Fellow of the College of Physicians, etc.; and FRANCIS GURNEY SMITH, M. D., Physician to the St. Joseph's Hospital, Fellow of the College of Physicians, etc. A new edition, revised and improved; with three hundred and seventy-four illustrations. Philadelphia: Blanchard & Lea. pp. 974. (For sale by Riley & Co.)

The speedy sale of two large editions of this work, has afforded to the authors some evidence that their labors have been appreciated. In getting up this, the authors say in their preface, that they have spared neither time nor labor in embodying in it such discoveries and improvements as have been made since the appearance of the last edition. Modifications in most of the departments have been made, and such new illustrations introduced as have been suggested by the practical use of the work in the class and examination room.

The Principles of Surgery. By JAMES MILLER, F. R. S. E., F. R. C. S. E., author of a Treatise on the Practice of Surgery; Surgeon in Ordinary to the Queen for Scotland; Surgeon in Ordinary to His Royal Highness Prince Albert for Scotland; Professor of Surgery in the University of Edinburgh; Consulting Surgeon to the Royal Infirmary, etc., etc., etc. Fourth American, from the Third and Revised English Edition. Illustrated by two hundred and forty engravings on wood. Philadelphia: Blanchard & Lea. (For sale by Riley & Co.)

Dr. Sargeant was editor of the last edition (American) of this work, but owing to his absence in Europe, the present edition has been passed through the press without any editorial supervision; the aim of the publishers being to render the work an exact transcript of the author's last *revised* edition.

The work before us is familiar to the American reader, and needs no recommendation. In it the author has exhibibited a condensed view of the principles of Surgery—the sum and substance of his systematic lectures on the subject, as well as a text book, it serves as a very valuable work of reference.

The Causes and Curative Treatment of Sterility, with a preliminary statement of the Physiology of Generation; with colored lithographs and numerous wood-cut illustrations. By AUGUSTUS K. GARDNER, A. M., M. D., Permanent Member of the American Medical Association; Fellow of the New York Academy of Medicine; Member of the Massachusetts Medical Society; Member of the New York Pathological Society; Physician for Diseases of Women and Children in the New York Northern Dispensary, etc., etc., etc. New York: Dewitt & Davenport, Publishers, 160 and 162 Nassau street. pp. 166.

For a number of years the attention of the author has been directed to the diseases peculiar to women, to parturition, etc. And from the treatment of many thousand cases in hospital and in private practice, views and opinions have been formed which it is the object of the present treatise to set forth.

The work is commenced with an introduction which occupies two pages in which is considered the harmony of nature in its anatomical formations; identity of the reproductive functions; the greatness of the Divine Creator manifested in His works; what human energy has discovered; how animal life is perpetuated; reasons for entering on the physiology of generation, etc.

Chapter I. discusses the *Physiology of Generation* Chap. II. the *Pathology of Sterility*. Chap. III. the *Therapeutics of Sterility.*

Doubts may very reasonably be entertained in regard to the propriety of getting up a separate *treatise* embracing the above subjects. On an examination of the contents, we find the *body* to be a compilation from American, English, French and German writers. Pretty much all may be found in late works on Physiology and Pathology. To such, however, the author adds his own researches, opinions, etc.; and from the fact that the matter is well arranged, and the style of the author very good, a very readable book is produced.

While, therefore, the profession is somewhat accommodated by having a monagraph on the subjects embraced by the author, to which reference can at once be made, there is thrown necessarily to some extent, before the people, a work with which it is not only unnecessary that they should be acquainted, but one that in the hands of a certain class may be productive of much mischief. The morbid taste exhibited by many not in the profession to pry into the *Physiology of Generation*, in our judgment, should not be encouraged. It can lead to no good. The same may be said of the *Pathology of Sterility*. Some there are who wish to know how to have children; others who wish to know how to avoid having them. The latter class, as well as the former, will buy this book, supposing that everything known relating to pregnancy—how it takes place, as well as how it may be prevented—will be fully detailed; and in this they will not be disappointed. We predict, therefore, for this book a larger popular than professional demand.

On some Diseases of Women Admitting of Surgical Treatment. By Isaac Baker Brown, F. R. C. S., Surgeon Accoucher to St. Mary's Hospital, &c., &c. Philadelphia: Blanchard & Lea. 1856. pp. 276. (Riley & Co., Columbus.)

Few persons engaged in varied and extensive practice have failed to meet with the pitiable objects of the diseases and accidents of which the book before us professes to treat. They are by no means of minor consequence. On the contrary, many, if not most are of fearful importance. Nor are they of so infrequent occurrence as might be supposed, at the first glance, for, from the natural reserve and modesty of women, and the despair of gaining relief, they are often kept secret by the desponding sufferers. In many cases "the patient is placed *hors de societie.* Obliged to confine herself to her own room, she finds herself an object of disgust to her attendants and even to her dearest friends. She lives the life of a recluse, without the comforts of it or even the consolation of its being even voluntary. It is scarcely possible to conceive an object more loudly calling for our pity and strenuous exertions to mitigate, if not remove the evils of her melancholy condition." This picture, however highly drawn it may appear, is in no respect over-colored, if extended to very many, and in a somewhat less degree to all those suffering from the diseases and accidents treated of by Mr. Brown. Yet, heartrending as their consequences are, systematic works on Surgery or Medicine have hitherto afforded but little aid to the embarrassed practitioner who may have such cases to treat, and every one is liable to be called upon to do so at any moment. A work embracing the treatment of these serious diseases, and the methods by which such accidents hitherto considered as almost hopeless in their very nature can be remedied, is certainly a desideratum in our literature and will doubtless be welcomed as cordially as its great merits demand. The work before us is plainly written, by a man who without pedantry brings much acquaintance with the previous literature of the subject to his task, and better still, who very clearly apprehends in his own mind the points he wishes to enforce upon the attention of others. To a great extent more than is usual in these days of compilation, it is original and founded upon the author's own large experience.

We have said sufficient to indicate our general opinion of the work, and shall now briefly introduce to our readers the main features of the book, with such accompanying remarks as we may deem requisite.

Mr. Brown states the subjects of his remarks under two principal divisions, viz:

1*st. Diseases or accidents which result directly or indirectly from parturition.*

2*d. Diseases or accidents of the female organs occurring independently of pregnancy.*

Chapter I. is devoted to Laceration or Rupture of the Perineum, an accident which, in its lesser degrees, is doubtless more frequent than most persons would be willing to admit, and of little practical importance, from the readiness with which it heals, but in its more aggravated form one of the most distressing accidents of labor, the more lamentable, because until quite recently supposed to present insurmountable obstacles to its successful treatment. Parè, the father of modern surgery, recommended sutures for this accident, and in the first authentic case recorded, the uninterrupted suture was used with success by Guillemau, one of that great man's pupils. It is needless to say that sutures alone are insufficient, in a vast majority of cases, to resist the traction of muscles, often very great. The incisions of Dieffenbach and Langenbeck were devised with this view and met with more or less success. Passing over the descriptions of the operations proposed by previous surgeons, for which, though exceedingly interesting, we have not space, we proceed to the consideration of the operations of our author. When the rent extends only to an inch or less, no special operative treatment is required. Quiet and extreme cleanliness are usually sufficient. In the more severe forms of the accident, when the perineum and sphincter ani are both involved in the laceration, Mr. Brown's mode of operating is thus described :

"The patient should be placed in the position for lithotomy, the knees well bent back upon the abdomen, and all hair closely shaved off about the parts. The sides of the fissure should be held by an assistant, so as to insure a sufficient tension for the operator; a clean incision is now to be made about an inch external to the edges of and equal to the fissure in length, and sufficiently deep to reflect inwards the mucous membrane, and so to lay bare the surface as far as another incision on the inner margin. The denudation of the opposite side of the fissure is then to be practised in a similar manner, and the mucous membrane from any intermediate portion of the recto-vaginal septum is to be also pared away.

"This denudation must be perfect, for the slightest remnant of mucous membrane will most certainly establish a fistulous opening when the rest of the surfaces have united.

"*Division of the Sphincter.*—So soon as this stage of the operation is completed, the sphincter ani is to be divided on both sides, about a quarter of an inch in front of its attachment to the os coccygis, by an incision carried outwards and backwards. The incision should be made by a blunt-pointed straight bistoury, which, having been introduced within the margin of the anus, guided by the forefinger of the left hand, is quickly and firmly carried through the fibres of the muscle and through the skin and subcutaneous areolar tissue to the extent of an inch, or even two, external to the anal orifice.

"The degree of relaxation to be sought must be regulated by the extent and character of the laceration; it being remembered that the freer the incision the greater will be the amount of relaxation obtained. In every case, muscular traction must be destroyed, for so long as it exists it will oppose the union of the parts.

"*Insertion of the Quill Sutures.*—The sphincter having been divided in the manner just stated, the thighs are to be approximated, and then the quill sutures introduced. The left denuded surface and tissues external to it being firmly grasped between the forefinger and thumb of the left hand, a strong needle carrying a double thread is plunged, with the right hand, through the skin and subjacent tissue an inch external to the pared surface, and thrust downwards and inwards beneath it until its point reappears on the edge of that surface; it is then introduced at the corresponding margin of the denuded space of the opposite side, and made to traverse beneath it in a direction upwards and onwards until it escapes at a point equidistant from the external margin with that at which it entered on the left side. Each of the three sutures is to be introduced in the same way, the one nearest the rectum first.

"The sutures are double, to allow them to enclose the quills, or (as actually used) the pieces of elastic catheter or bougie, around which they loop on one side, and are tied over, by their free ends, on the other. For sutures I prefer stout twine, well waxed, to silk, as I believe it to be less irritating and productive of less suppuration.

"*Insertion of Interrupted Sutures.*—Having firmly secured the three sutures upon the bougies, the sides of the fissure become approximated—the denuded surfaces in apposition. To bring together the outer margins, along the line of the skin, it is advisable to pass three or four interrupted sutures. If this be carefully done, union of the skin will speedily take place, and that of the deeper parts be materially facilitated. As an accessory or superficial suture, the twisted form is used on the Continent; but I think the interrupted more simple, and have found it to answer completely.

"I should recommend, previously to bringing the operation to a close, that the forefinger of the right hand should be passed into the vagina and that of the left into the rectum, so as to ascertain that apposition is complete throughout.

"Lastly, the parts having been well cleansed by sponging with cold water, a piece of lint steeped in cold water is applied, and over it a napkin kept *in situ* by a T bandage.

"*Operation in Recent Cases.*—The operation has been detailed with reference to cases of some standing, where cicatrization has occurred; with respect to recent cases of the accident, the only variation of the plan is in the omission of the otherwise necessary denudation of the margins of the fissure."—pp. 39—42.

The after treatment consists of absolute rest—opiates, and in the main, generous diet. The catheter must be used every four or five hours for several days after the operation. The sutures are to be removed on the fifth or sixth day. A longer continuance of them our author considers as injurious. The details of twenty cases are given in proof of the success of this treatment, of which we have made the following analysis. Eighteen were operated upon by Mr. Brown, two by a Mr. Obre. Of the twenty cases, sixteen occurred in primaparæ, one in the second labor, one in the third, one in the eighth labor, and in one this point is not stated. Five of the patients had borne children between the dates of accident and operation, viz: two had given birth to five children, two to four, and two to one child, respectively; one patient was in the third month of gestation when operated upon. In fourteen cases a considerable interval had intervened between the accident and operation, extending in one case to seven weeks, in one to eight months, and in eleven from eighteen months to seventeen years. In all these the laceration of the perineum was complete, involving all or part of the sphincter ani, and in five the recto-vaginal septum likewise. One case was complicated with procedentia uteri. Of these, one patient, in whom the accident had existed for sixteen years, died; the remaining number entirely recovered. Two of them were subsequently delivered with a consequent laceration of less than an inch. In one case of five months duration the laceration was incomplete. It was complicated with *prolapsus uteri.* Recovery took place. The remaining cases were operated upon directly after the accident. Five had complete, one incomplete laceration of the perineum. In four the sphincter ani was more or less involved, and in two there also was fissure of the recto vaginal septum. These all resulted successfully without denuding the mucous surfaces. In two cases subsequent labors occurred without any laceration. We therefore conclude with our author, that he has established the three following propositions: "1st. That the worst forms of lacerated perineum, of however long standing, may be cured by the operation. 2d. That immediately on the occurrence of the accident, it should be resorted to. 3d. That subsequent parturition is possible without injury to the restored perineum."

Chapter II. is devoted to the consideration of "Prolapse of the Vagina," forming when the anterior wall yields *Cystocele;* when the posterior, *Rectocele.* In the slighter forms of these diseases, our author relies on astringent injections and frequent catheterism. The more aggravated forms of this disease may demand surgical interference. Numerous plans have been resorted to for this purpose by Jobert and others. We extract the mode preferred by our author, from his account of a case of cystocele of nine years standing:

> "The patient having been prepared by emptying the bowels, was placed under the influence of chloroform, and then put in the position for lithotomy, each leg being held by an assistant, a third assistant holding up the tumor with Jobert's bent speculum, and pressing it under the pubes in its natural position. A piece of mucous membrane, about an inch and a quarter long, and three-quarters of an inch broad, was dissected off longitudinally, just within the lips of the vagina. The upper edge of the denuded part being on a level with the meatus urinarius, the edges were drawn together by three interrupted sutures, this being repeated on the other side of the vagina. The next stage of the operation consisted in dissecting off the mucous membrane laterally and posteriorly in the shape of a horseshoe, the upper edge of the shoe commencing half an inch

below the lateral points of denudation, taking care to remove all the mucous membrane up to the edge of the vagina where the skin joins it. Two deep sutures of twine were then introduced about an inch from the margin of the left side of the vagina, and brought out at the inner edge of the denuded surface of the same side, and again introduced at the inner edge of the pared surface of the right side, and brought out an inch from its margin, thus bringing the two vascular surfaces together, which were then kept so by means of quills, as in the operation for ruptured perineum. The edges of the new perineum were lastly united by interrupted sutures, and the patient placed in bed on a water-cushion. Two grains of opium were given directly, and one grain every six hours; simple water-dressing applied to the parts; beef-tea and wine for diet. A bent metallic catheter, to which was attached an elastic bag to catch the urine, was introduced into the bladder: by this means the bladder was constantly kept empty."—p. 78–79.

Reports of eight operations are given, *four* for *Cystocele, three* for *Rectocele,* and *one* in which both existed as well as *ruptured perineum.* In *two,* rectocele was also complicated with ruptured perineum. Success attended all the operations.

Chapter III. embraces *Procidentia* and *Prolapsus Uteri,* which though judicious in its recommendations, contains nothing very new upon the subject, and we therefore proceed to notice Chapter IV. upon *Vesico-Vaginal Fistula and its Treatment.* Upon no point does American surgery occupy so proud a position as with reference to the treatment of this most distressing accident. With the exception of a few contributions by Jobert, Wutzer and Gerder, and one or two others of less note, nothing has been done by the profession of the old world for the amelioration of this calamity. It has been quietly consigned to the dark list of "*opprobria chirurgicorum,*" to interfere with which was to reap no honor, if it were even possible to escape disgrace. The persevering efforts of American surgeons have now removed it from this sad position by their ingenious inventions, so that the ratio of cure of this hitherto hopeless accident is now more than equal to that of other surgical operations of much magnitude. We have already, in a former number of this Journal, referred to the success of Dr. Hayward—a success which though partial, was immeasurably greater than any of his predecessors. The efforts of Prof. Mettauer, of Virginia, are also well known, as also those of Prof. Pancoast. But it is especially to Dr. J. Marion Sims, of New York, by the invention and application of the "Clamp Suture," with which he has had unprecedented success, that the profeesion is indebted, for the introduction of an operation which is now received as a standard one not only at home but also abroad, where its great merits are frankly acknowledged by such authorities as Erichsen, Ferguson, Druitt, and our author in his present work. Mr. Brown describes this operation very minutely and gives the details of four cases thus treated by him. In all of them it had to be repeated; in one case as often as six times. One patient died after the second operation. One entirely recovered. In the others, so much relief was obtained that the urine passed wholly by the urethra, except a little dribbling from a minute fistulous opening. It is said that Dr. Sims has cured thirty patients without one failure. If so, he has certainly been more successful than the generality of surgeons who have followed his method for a like success has not attended their efforts. No comparison can be made between the results of *operations,* because the number of Dr. Sims' *cases* alone, not his *operations,* have been stated, whereas, it is well known that, (as in Mr. Brown's cases,) many successive operations may be required in one case, and this probably was true with Dr. Sims. It is computed that about one-half of *all operations performed in this method have failed.* The proportion of cases *ultimately* cured, may of course differ, yet we cannot avoid thinking that most surgeons will concur in Mr. Brown's very frank remarks:

> "The preceding cases will illustrate the various points of difficulty which are met with in the treatment of this distressing lesion, and although they do not exhibit a great amount of success, they may fairly be looked upon as valuable illustrations of our present knowledge and practice; and I still look forward to a greater amount of success, by steady observation and persevering efforts, which the late improvements in surgical science certainly justify, especially as the difficulties are rather mechanical than pathological. It cannot be concealed, however, that it requires no ordinary amount of perseverance and determination to bear up under the vexatious disappointments which are constantly occurring in the hands of the most painstaking operators."—p. 114.

The objections to the "clamp suture" are founded upon the fact, that occasionally where there is much traction on the parts, the wires will ulcerate out. The sutures must also act in one direction exactly alike, with the same amount of pressure, or injury is done. In Dr. Sims' hands this does not appear to be the case, but with others it has often happened, without any imputation upon their care or skill. To remedy these defects, Dr. Bozeman has, in the Louisville Review of May, called attention to his modification of the operation by what he terms "the button suture." He has operated by this method upon four cases, in three of which, two fistula of differ ent sizes existed ; thus in fact making seven fistula in the four cases, in all of which he succeeded in effecting a recovery. Dr. Sims' operation had previously failed. As this article appeared since the publication of Mr. Brown's book, we will, at the risk of tediousness, advert to the peculiarities of the button suture. Silver wire is used for the sutures. These are carried through the tissues half an inch from the edges on both sides, and the edges of the fistula previously much beveled, are brought into approximation by bringing the wire together as in tying an ordinary suture. The ends are now passed through holes in a thin silver plate or button, the under surface of which is slightly concave, with turned up edges. The concave side is to be next to the vaginal wall, and the plate is now pressed down into close contact with the closed fistula. The wires are then secured by perforated shot, and the ends cut off. In this operation the sutures need not be parallel, and the pressure is not upon the approximated edges of the wound, but some distance from it. We entertain the hope that this operation will be found of great service, where from double fistula or other causes, the "clamp suture" is inapplicable. However this may be, it cannot detract from the great merit of Dr. Sims, and will certainly add another laurel to those already gained by American surgery, in combating the disastrous results of this most afflictive accident.

Chapter VI. on *Lacerated Vagina,* we must pass over with the single remark, that the directions for operating, and subsequent treatment, are worthy of especial notice, could our space permit.

We have thus dwelt at some length (perhaps some may think, with prolixity) upon the treatment of accidents which occur from parturition, because important as they are from their distressing nature, and so liable to come under the notice of every practitioner, we are not aware of any other book wherein they are so satisfactorily treated of, as in the work before us.

The remainder of the work is occupied with subjects of which the literature is much more ample. We shall therefore proceed more rapidly in our notice of the diseases or accidents occurring, independently of parturition, which require surgical treatment. As in the former chapters, our author's own experience is put into requisition largely, and his notices of what others have contributed, are exceedingly well digested. Thus our readers will find an excellent resumé of what is known of *Polypus Uteri, Stone in the female Bladder, Encysted Tumor of the Labia and Diseases of Rectum result-*

ing from certain conditions of the Uterus. In this connection, we may express our regret that our author has omitted *Abscesses of the Labia* from the list of his subjects. They are not unfrequently met with, and are often of great trouble to patient and physician.

In chapter IX. "*Vascular Tumors in the meatus urinarius*" are clearly and fully described. These excrescences are very trifling in magnitude, yet there are few diseases which occasion such extreme pain and discomfort, and for the cure of which the patient is so grateful. They render her a burden to herself, and from the usually great pruritus attending their presence, they debar her from social intercourse. Fortunately this disease is readily amenable to surgical art. Such a tumor may be suspected when the patient complains of excruciating pain in micturition or in coitu, or from the slightest pressure on the part; and this extreme sensibility does not extend to the vagina or vulva, but is confined to the meatus urinarius. The suspicion can, of course, only be confirmed by an examination which at once reveals the tumor or tumors, usually very minute and of a bright scarlet color, situated on or within the meatus, loosely attached to the mucous membrane, and easily caused to bleed by undue handling. Mr. Brown recommends excision of the tumor, together with a small portion of the mucous membrane from which it grows, afterwards applying nitric acid to the wound with a pointed stick. He also alludes to the actual cautery, as used by Mr. Jordon with success. In a few cases that have come under our own observation, the application of potassa fusa has speedily effected a cure.

For *Imperforate Hymen,* which is treated of in chapter X., our author, instead of following the recommendations of previous writers in favor of a crucial or stellate incision, which simple operation has frequently been followed by peritonitis, practices the entire removal of the hymen by a circular incision at the point of its juncture with the labia. To prevent any subsequent constriction of the vagina from the cicatrix, he directs plugging the orifice daily, after the first three days, with lint soaked in oil.

Chapter XIII., on *Ovarian dropsy or encysted dropsy of the ovary,* contains an elaborate account of the pathology, semeiology and treatment of that disease. We know no other book where so much practical matter has been so well condensed upon this subject. The question of the propriety of ovariotomy is discussed fairly—its advantages in certain cases pointed out without ignoring the attendant risks and objections. There is none of that acrimony of feeling displayed, which this subject, singularly enough, seems to excite in the minds of some writers, who speak as fiercely about it as if the removal of an ovarian tumor were a matter of polemical or personal warfare. He devotes some consideration to Dr. Lee's tables, which, meagre as they are, seem to be a perfect bugbear standing in the way to scare every man who approaches, except him who walks boldly up to it and examines more closely how the repulsive effect of the first glance was produced. On this point we are disposed to offer a slight demurrer. Although Mr. Brown usually quotes liberally from American authors, we regret that he did not allude to Dr. Atlee's fuller tables, or collate the numerous additional cases reported the last few years, both in Europe and in our own journals, when we think the necessity for paying such attention to Dr. Lee's deductions would have been less evident to our author's mind. Whatever may be the results of a statistical calculation, there will always remain circumstances which can never enter into its formation, yet which will always materially influence our decision in individual cases of these or any other diseases. The propriety of an operation will, after all, be determined by the particular symptoms and condition of that particular patient. The treatment by tapping and pressure—by excision of part of the cyst—by injection of iodine—by the formation of an artificial oviduct, and by extirpation of the tumor, are very fully described, discussed, and illustrated by cases. We gladly refer our readers to this part of the book, every page of which they will find replete with valuable and instructive matter.

Our attempt to analyze and consider this book, has been a source of much pleasure to us. We feel confident that its perusal will equally afford pleasure and profit to all who may consult its pages, either to increase their general knowledge of the diseases and accidents it treats of, or to assist them in the treatment of any unfortunate patient who may seek their aid, when suffering from any similar affliction. R. G.

History of the Ligature applied to the Brachio-cephalic Artery with Statistics of the Operation. By PAUL F. EVE, M. D. Nashville: Cameron & Fall. pp. 24.

Two cases of supposed aneurism of the *arteria innominata* or *brachio-cephalic* having been brought recently under the notice of Prof. Eve, naturally led him to review the statistics of operative interference in this rare disease. The result of his investigations he embodied in a paper read before the State Medical Society of Tennessee, which now comes to us in pamphlet form. The author appears to have collected together more cases in which the operation had been attempted than any previous authority, but without modifying the conclusion arrived at by a majority of them, which was forcibly stated by Velpeau, in a discussion on the subject, in the Academy of Medicine, when he characterized the proceeding as being "a murderous operation, an operation which should never be attempted again, and which cannot be pardoned hereafter." The only variation in the results in the cases detailed by Dr. Eve, was in the interval between the operation and death. The first ligature of the innominata was by Dr. Mott, in 1818. In his case, death took place in 26 days from repeated hemorrhage. The longest interval was in the case of *Graefe*, when the patient lived 65 days, and then died from hemorrhage. Of the 16 cases mentioned in this monograph, the ligature was tied round the innominata in only 10. In one, it passed through two holes in the coats of the vessel. In two, the carotid and subclavian were ligated just beyond the bifurcation, and in the remaining three, the artery was cut down upon but no ligature applied. The only case of recovery occurred in one of these last mentioned. The artery was cut down upon, but was so diseased that the operator (Porter, of Dublin,) failed to apply a ligature. The aneurismal tumor, neverthless, disappeared, and the patient entirely recovered. "So that," adds Prof. Eve, "the only successful attempt upon the brachio-cephalic artery, to cure aneurism by ligature, was where an Irishman did not tie the vessel at all!"

Prof. Eve concludes his interesting monograph by the following pertinent question :

"In conclusion, after this exposition, let me ask who will again venture to tie the *brachio-cephalic artery?*"

R. G.

PART FOURTH.

EDITORIAL AND MISCELLANY.

NINTH VOLUME.—The present number commences the Ninth Volume of the Journal, and it might not be inappropriate to say something in regard to the *past*—something also of the future.

Journals are instruments, not agents, and as such are instituted to purify and enlighten—to diffuse those precepts and maxims that make up the platform upon which the physicians of every country can meet and deliberate together, and to chronicle, for ourselves and others, the facts, phenomena and events developed by the observers of our day and generation. While such embrace the general scope of Journals, the details are often found to be complicated with collaterals. Many things often spring up in the path of a journalist concerning which there may be diversity of opinion, often leading to controversy, and often the source of more feeling than reason. At the commencement of our enterprise, we avoided as much as possible participation in any controversy, not involving directly the interest and welfare of the profession, and this having become the rule, we see no reason for not adhering to it in future.

The Journal, since our connection with it, has been increased in its circulation; still, it is very much below, in this respect, what it ought to be, considering the number of physicians west of the Alleghany Mountains, or even the number within the limits of our State. If each one of our patrons would interest himself enough to obtain an additional subscriber or two, it would give us twice the area for usefulness, and we pledge ourselves to an effort for its improvement. The calling is one in which we voluntarily embarked, and while we have no wish to shrink from any labor connected with its success, we may be permitted to suggest to friends that they can often help us where we cannot help ourselves.

To *Correspondents*, one and all, we return our thanks. What has been published from this source, has in general been well received by the readers, and considerable of it other journalists have transferred to their pages. We have several times suggested to our young readers that they should make a daily record of what passes under their notice. A course of this kind would soon lead to uncommon precision in diagnosis, and accuracy in observing the effects of remedies, and at last to the *habit* of writing. May we not expect more contributions from this source the coming year?

Into the future we look with increased confidence. The past quarter of a century has been uncommonly prolific in what it has brought forth in the way of truth. From a similar period in the future we may expect much more; indeed, as we progress, the ratio of truth to error, sophistry, theory, etc., may reasonably be expected to increase. Nor does our advance in science constitute our only achievement. Medical men seem now to fully comprehend that by their associated efforts, by their fraternal action, their standing and usefulness, their reputation and their influence may be most successfully promoted.

With the various forms and phases of quackery we expect, as formerly, to have but little to do. Observation has had no other effect than to strengthen an early conviction, that the most successful plan of getting along with such troubles, is to turn them over to the rebuke that they sooner or later extort from the community. As far as we can learn, the irregular systems, by their own weight, are gravitating towards general insignificance. Several of them have already passed below the horizon to make their appearance no more; others are on the wane, and will have the same destination. The *patent medicine system,* carried on with so much industry, and involving such an immense investment of moral turpitude, has also had its day, and saturated the most of the credulity of which it is capable. Venders in this city say that their sales now are only about one-tenth of what they were five years ago, and the trade still on the decline.

There is a matter having a connection with quackery and patent medicines to which we expect to direct attention at some future time in a somewhat formal manner. We allude to the prostitution of the *Public Press.* The secular papers, political, and to some extent, religious, are the instruments, and pretty much the only instruments, employed to bring about the sale of patent medicines, and call attention to the traveling mountebanks that go about swindling the people. We have always understood that the press professed to be the guardian of order, right and truth. All the time it is asserted that without it we would revert to an uncivilized, barbarous state.

Now, we are not disposed to call in question the theories connected with the utility of the press; its *practice*, in the instance we have before us, is what concerns us. An ignoramus comes to our city, for example, calling himself an Eye Doctor. He knows that he cannot get patronage, as honest men do, upon his merits, but at once he goes to our newspapers, hands them over a fee, with certificates of cures performed in other and distant places, of the truth of which the editors know nothing, and asks for these certificates a place in a conspicuous part of the paper, and also an editorial *puff*. The announcement is made as per agreement, and for a time the doctor has a *profitable run;* and after the people are fleeced of their money, often of their health, the paroxysm of knavery is closed up, to make its appearance, however, at some other point.

The advertisement of patent medicines is carried on after a similar fashion. The editors of newspapers have furnished to their hand accounts of the uncommon efficacy of a certain nostrum for this, that, or the other disease, or perhaps for a variety of diseases. With these accounts comes a lot of certificates from squires, clergymen, lawyers, poets, etc. The direction is to publish all, and occasionally add something in the way of endorsement, which is usually done.

A course so much at war with truth, honesty and all the impulses which should govern gentlemen, it might, a priori, be supposed would awaken in the minds of those concerned in it, some apprehensions in regard to its propriety. Such has been the case. Some of these editors, whose consciences are still *viable*, at an Editorial Convention lately held in this city, brought the matter forward, as we have understood, and some resolutions were proposed condemning the practice of advertising patent medicines as immoral, and an imposition upon their readers. The resolutions, however, were voted down on the ground that this kind of business is a great source of profit to all newspapers; and that without it many could not be supported at all, but would have to be discontinued. Has it come to this, that the press, in order to sustain itself, has to be leagued with systems of fraud? A deplorable condition, truly. The matter should be looked into, and inasmuch as the evil consequences fall promiscuously on all classes, no one should have any misgivings in exposing it. The course of Medical Journals, in the premises, certainly should not be misunderstood.

To Subscribers.—With this number we send *bills* to our subscribers for *arrearages*, and also, as our terms are "*In Advance,*" we send for the ensuing year. From all who know themselves indebted we expect attention to our request, for no journal can be carried on without *paying* subscribers. From our list we have, since our last issue, expunged the names of a number who have received the Journal for years, but have paid nothing. Their injustice will hurt them more than anybody else. The present number we send to some new names, with a request that if not desired it be returned. Where it is not returned we continue to send, and expect a remittance.

Visit to a Gipsy Camp.—Passing through one of our streets a few days since in a buggy, we noticed upon the sidewalk a man and two women, who differed so essentially in appearance from our people, that we were at once impressed that they were members of some trans-atlantic race. On inquiry, we found them to be *Gipsies,* who had come to the city, as they said, to tell fortunes and do a little trading.

We were so struck with their appearanee, that we visited, some four miles from the city, their camp, to make further observation. The company, or tribe, numbered about twenty, of different ages, from a baby four weeks old to an old woman that we supposed about sixty. There were, indeed, in the company, old, young, middle aged—a very fine variety considering the limited number. They all professed to be ignorant of their ages.

The camp was indicated in the distance by the presence, in a grove, of four or five covered wagons, and a small drove of horses running at large. The wagons were arranged in the form rather of of a circle, inside of which were their tents for sleeping, and a log fire for cooking. Indiscriminately strewn around the fire, were cooking utensils, very few, and of the simplest character ; bed clothes, children, dogs and chickens. At one side of the fire, and but a few feet from it, was a lot of feathers that had been picked from poultry ; these, at every breeze of wind, circulated freely through the camp, attaching themselves to whatever happened in the way. The clothing of the company, of both young and old, with but very few exceptions, consisted of old articles that had been begged, most likely, from the inhabitants among whom they had ately traveled. Everything about the camp, that we observed, had the appearance of filth, carelessness, and an effort to live with the least possible investment of labor. On inquiry, it appeared that the company, about a year since, had immigrated from England. We put the question to them to know what avocation they pursued in this country to obtain a living. A female answered that her husband followed horse trading, making baskets and mending tin-ware. The truth is, however, that they get their support by begging, "telling fortunes," swindling and thieving. Only a year since an individual in an adjoining county was swindled by a Gipsy woman out of some four thousand dollars in money. They are very cautious with property when once obtained, One of the women remarked: "We have *under us*, sir, a good deal of property, and we have to be very careful that it is not stolen from us." Nomadic in habits, they wander from place to place, and seem to have no definite time to tarry in a neighborhood, but stay, as they remarked, "as long as trade seems good." The eldest female among them, stated that all the members of the company were related to each other.

The personal appearance of these people contrasted, as before remarked, very strongly with what we are in the habit of seeing. They differed but little in height from Americans, though they seemed to be of lighter frame; the majority of them were rather symmetrical in their features and general form. Their movements were quick, spirited, agile, denoting perfect use of physical powers. The hair of all, except one, was black, fine, abundant, and rather straight. Of this one, who was of lighter complexion than the rest, the hair was correspondingly light.

The color of the skin differed from that of our mulattoes, of whom several happened, out of curiosity, to be present at our visit; it differed also from the aboriginals of our country, and also from that of the few Chinese that we have seen. To that of the American Indians, it approximated most closely, being deeper and of a more copper hue. Pritchard, in his work, "*Natural History of Man,*" gives a colored portrait of Ram Ruttun, a Hindoo, the color of which agrees almost exactly with the Gipsies. The color, we should think too deep to admit much of the *blush*.

Although these people seem of the *yellow* order, their heads had no resemblance to the *prognathous* form of the Negro, or the *pyramidal* of the Mongolian and American Indian. The heads of several of the adults, both men and women, were very fair specimens of the *oval* or *eliptical form*, the form thought by many physiologists and ethnologists to be peculiar to the Caucasian race. The face was small, oval, perpendicular; mouths small; lips moderate; nose narrow and rather aquiline; iris dark; cheek bones and zygomatic arch not out of proportion.

This people, were it not for the color of the skin, ought to pass, it seems to us, for a variety of the Caucasian. And of the three divisions of the Caucasian race, the Germanic, Sclavonic and Celtic, the Gipsies most nearly resemble certain branches of the last.

Of the origin of the Gipsies, nothing is very certainly known. The name Gipsy (from Egypt) was given to them by the English statutes, perhaps on the supposition that they came originally from the delta of the Nile. In different countries they seem to have received different names. They call themselves, however, *Pharoan* or *Sinte*, the Hindoo name of the inhabitants of Hindostan. There seems to be but little doubt among ethnographers of their Asiatic origin. Their personal appearance, language and nomadic habits, lend plausibility to this view. It seems equally probable that they are a variety of the Hindoo stock. Nations said to be similar to them are found at the mouth of the Indus, and also on the banks of the Ganges.

In every locality that they have occupied, they seem to have preserved their national peculiarities. Various attempts have been made to civilize them. Being at one time numerous in Austria, Maria Theresa formed the plan of converting them into citizens. She issued an ordinance that Gipsies should dwell in settled habitations, practice some trade, dress their children and send them to school. This measure, as well as similar ones by other governments, have had no permanent effect. Laws have been passed also for their expulsion from different countries. But even persecutions were of little avail towards rooting them out. Marriages are formed in the rudest manner, one of their own number officiating as priest. The young Gipsy takes a wife without caring whether she is his sister or a stranger; of one thing, however, he must be satisfied, she must be of the Gipsy blood. A want of moral principle seems to have characterized the race since ever it has been known. Cheating, thieving and robbing, are the means upon which reliance is placed to live. Whether this ethnological feature is the result of an innate absence of the sense of right and wrong, or an acquired habit, is a nut upon which moralists may exercise their faculties in trying to crack. Exhibited with the utmost integrity for a number of centuries, and having resisted with perfect success the most wise and ingenious efforts at reformation, such traits seem to the common observer, to be a part and parcel of their nature; and it seems that each individual is a kind of an automaton through which they are manifested. This, however, may yet prove to be a superficial view of the matter. Still the way in which a nation has always demonstrated itself, ought to teach something in regard to its real character.

Somebody has said that there is no nation without its religion. This may apply to the Gipsies, but it is a fact that they have no religion that is peculiar to them. Among the Turks they are said to be Mahometans; in Spain they have followed the forms of the Christian religion, without having shared in its spirit. Instances are given of their having had their children repeatedly baptized in different places, that they might get the money which it is customary in some countries to give poor parents when their children are made the subjects of this ordinance.

Like the Jews, the Gipsies have made up their minds to live withwithout work. On it, as pursued by the plodding, laborious Saxon or Celt, they look with indifference, contempt; rather than labor, they would starve—so says one who has observed them much. And without education in a knowledge of letters or figures, they, by their wits, manage to pass through life, and pick from others what answers them to live.

We inquired of one of the more intelligent females, what they were in the habit of doing for themselves when sick. She answered, "we take medicine." One of their children had *Thrush,* and for this, we were told, they used borax. During the past year, the most of them had intermittent fever, for which they used quinine.

The number of this race is not known. A few years since it was supposed that there were 700,000 in Europe alone. They are not numerous in our country, though most likely on the increase. Whether the race is increasing or diminishing throughout the world, there is no means of ascertaining. If intermarriage has a tendency to deteriorate and shorten life, this race ought to have become extinct long since, for as previously remarked, the practice is, and always has been, to marry without regard to relationship. Polygamy, from what we could learn, obtains to but a limited extent, perhaps from the circumstance that the men find one wife as many as they can conveniently support.

STARLING MEDICAL COLLEGE.—It will be seen by the advertisement in this number of the Journal, that the ensuing session of this institution commences October 15th, and continues for *five* months. What experience the faculty have had in the extension of the lecture term has had no other effect than to strengthen conviction, not only in its utility, but in its practicability. It gives both teacher and pupil opportunity to do more than they, under the old system, could do ; the former has, by this arrangement, some little time to amplify, the latter some to digest what he hears.

As is announced in the advertisement and catalogues, an arrangement has been perfected by which the students of Starling College have access to the Penitentiary Hospital. This institution is prolific in the medical and surgical material it affords. While there is great variety in the diseases and forms of diseases in its capacious ward, it presents a very fine array of those of a malarious character, those which the young practitioner of the West will be most frequently called upon to treat. Professors Hamilton and Smith will lecture regularly at the hospital during the term.

Besides the source to which we have alluded for clinical instruction, the city and the Benevolent institutions located here, furnish still more, so as indeed to make this point, in this respect, actually attractive.

Those composing the faculty are determined that it shall be second to none in the country in the effort to impart a thorough medical education. Having now at their service all the facilities for teaching, they can say to those about to embark in the study, that it may be well for them if their lots happen to be cast among us.

To the Members of the O. S. Medical Society.—The undersigned, appointed a committee on publication, at the last session of the Society, upon consultation and in view of the facts that but two papers have been furnished within the time required for publication, and that the minutes of the last meeting have been fully reported in the medical periodicals of this city, and that the Society will hold an adjourned session in January next, deem it inexpedient to publish the transactions in the usual form until after the January session.

S. B. DAVIS, J. B. POTTER,
GEO. W. MARIS, G. P. LANDON.

Columbus, O., June 21, 1856.

[The Western Lancet and Observer will please copy. (Request of Committee.)

☞ The Index for Volume VIII. will be found in the present number of the Journal.

THE OHIO

MEDICAL AND SURGICAL JOURNAL.

Vol. 9. Columbus, November 1, 1856. No. 2.

PART FIRST.

ORIGINAL COMMUNICATIONS.

Art. I.—*Correspondence from Cincinnati.* Prof. W. W. Dawson.

Cincinnati Medical Society.—The September meeting of this Society was held at the residence of Professor Tate, on the evening of the first Tuesday in the month. Dr. B. F. Richardson read an exceedingly interesting paper on " Comparative Statistics of Operative Obstetricy," a brief synopsis of which is here given.*

The Doctor introduced the subject by a remark made previous to 1843, by Prof. Lee, of London, in which he referred to the unsatisfactory condition of Operative Midwifery—to its want of exactness. The same might with truth be affirmed of this branch of the profession at the present time—that its principles are not well defined, and that there seems to be an indisposition to its study. The discrepancy between those who are regarded as authority in Obstetrics is such, that the practitioner may often find himself with unsettled views, and at a loss to know what course to pursue. For example, some eminent in obstetric science use the forceps but once in 728 labors, whilst others of like position use them as often as once in 8 or 9 cases. Such singular want of concordance should lead the medical man to a careful study of those statistics which have been furnished; for a correct opinion can only be obtained of the rules and principles laid down and inculcated by authors, by the tables which they exhibit, showing the result of their practice.

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*In the Western Lancet for October the paper is published entire, from which we have taken the tables which accompany this sketch.

Dr. R. selected for his analysis the following statistics :

Country.	No. of Labors.	Forceps cases.	Proportions
British	42,634	126	1 in 362
French	44,736	277	1 in 162
German	261,224	1,702	1 in 153

Country.	No. of Labors.	Crotchet cases.	Proportions
British	47,851	218	1 in 219
French	36,169	30	1 in 1,206
German	256,655	132	1 in 1,944

When these tables are analyzed a strange difference appears in the comparative use of the forceps and crochet in these countries. The British use the forceps three times, whilst they use the crochet five times ; among the French the forceps are resorted to eight times to once for the crochet, and in Germany they are applied thirteen times to once.

The author of the paper made the following critical analysis of 45,634 cases, taken to illustrate the practice of obstetricians in the above named countries :

	Proportional Mortality.	Mothers Lost.	Proportional Mortality.	Children Lost.
BRITISH.				
Forceps cases, 126	1 in 17½	7	1 in 3	42
Crotchet cases, 208	1 in 4	52	All	208
Totals		59		250
FRENCH.				
Forceps cases, 282	1 in 8⅔	33	1 in 6	47
Crotchet cases, 38	1 in 4	9	All	38
Totals		42		85
GERMAN.				
Forceps cases, 284	1 in 19	15	1 in 6	47
Crotchet cases, 23	1 in 3.2-7	7	All	23
Totals		22		70

From these calculations it will be seen that the French are more successful than the British, and the Germans still more so than the French. This success must be attributed alone to the principles and rules which govern them at the bed side, and prominent amongst these must be one for the early use of the forceps. This unfavorable comparison to British midwifery is the legitimate fruit of the doctrines taught and insisted upon, even at the present time, by their highest authorities.

Dr. Richardson closed his paper with the following comparison, which we take from the Western Lancet:

"For the present I shall content myself with drawing a comparison between the practice and its results of Mr. Collins, of Dublin, who stands above all others as the *representative* of non operative midwifery, and Prof. F. H. Rathmsbotham, of London, who truly, in his practice, exemplifies conservative progress in the science and art of obstetrics.

Mr. Collins, in 16,414 cases of labor, used forceps 11 times, or one 1,492.

Mr. Rathmsbotham, in 48,996 cases of labor, used forceps 73 times, or 1 in 671.

Mr. Collins, in 16,414 labors, used crotchet 118 times, or 1 in 141.

Mr. Rathmsbotham, in 48,996 labors, used crotchet 60 times, or 1 in 817; or, if we add 23 cases of prematurely induced labor, 1 in 590.

Mr. Collins, in 16,414 labors, had ruptured uterus 34, or 1 in 483.

Mr. Rathmsbotham, in 48,996 labors, had ruptured uterus 8, or 1 in 6,128.

Mr. Collins, in 106 craniotomy cases, proper for analysis, lost 38 mothers, or more than 1 in 3. Mr. Rathmsbotham, in 60, lost 6, or 1 in 10.

Mr. Collins, in 24 forceps cases, lost mothers 4, or 1 in 6.

Mr. Rathmsbotham, in 73 forceps cases, lost mothers 3, or 1 in 24.

Mr. Collins, in 16,414 labors, lost mothers 164, or 1 in 100.

Mr. Rathmsbotham, in 48,996 labors, lost mothers 162, or 1 in 302.

Mr. Collins, in 16,654 births, had still-born 1,121, or 1 in 15.

Mr. Rathmsbotham, in 48,538 births, had still-born 1,822, or 1 in 27.

It will be observed that a departure from the *non-interference* theory and practice of Mr. Collins is attended by far more favorable results to both mother and child, and a *further* departure and *less* conservatism upon the part of Prof. Rathmsbotham would doubtless be followed by a proportional decrease of maternal and infantile mortality."

The foregoing will give the reader a general idea of this very interesting paper. It is a subject of vital importance to the obstetrician, and one upon which should be employed the best faculties of his mind. Viewing this subject in this light, important suggestions are presented upon the propriety and safety of receiving, unquestioned, that which comes to us under the name of "authority." Here, as in every branch of our profession, we see the necessity of independent individual thought. Often upon the intelligent decision of the attendant at the bed-side, depends the life of both mother and child. Fraught with such consequenee, he should be enabled at least to settle a question merely of time alone, promptly and judiciously.

The Society was gratified to learn that at a subsequent meeting Dr. R. would furnish a more lengthy paper upon this subject.

MARINE HOSPITAL AT CINCINNATI.—We learn through the public press that a part of the contracts for the construction of this building have been assigned, and that the remainder will be advertised.

The location selected is a beautiful one, in the eastern part of the city, about one-third of a mile from the river, and midway between Deer Creek and the summit of Mt. Adams. It is sufficiently elevated to insure a free circulation of air, and yet not so far up the hill as to render its access difficult.

Heretofore the marines at this port were kept by contract with the city, at so much per week.

ART. II.—*Eompyema, Case of.* By D. H. RALSTON, M. D., Cleveland, Ohio.

CLEVELAND, O., Aug. 23, 1856.

JOHN DAWSON, M. D.—*Dear Sir :* Believing that the publication of cases which are not of common occurrence, through the medium of medical journals, will result in some good to the medical profession, and those who may be the subjects of such diseases, I have concluded to report the following case, which, if you consider of sufficient general interest to your readers to justify you in giving it a place in your journal, you will please give it an insertion ; otherwise please return the manuscript by mail.

The patient above referred to is a German man, aged twenty-nine years. Was of strong and vigorous constitution. A common laborer.

About the 20th of March, 1856, he received a wound in the thorax, at the point of the sixth rib, on the left side, which was made by a knife, in the hand of an assassin. The wound was dressed and permitted to heal.

April 25. The writer was called to see him. Found him braced up in bed in such a way as to allow him to recline on the left elbow; the only position that he could assume for fear of suffocating. His breathing was laborious. His respirations about fifty to a minute. His pulse small, and about one hundred and sixty per minute Profuse perspiration. Feet and legs were Œdœmatous. Countenance haggard and expressive of great suffering, and a near approach to dissolution. Auscultation revealed no respiratory effort in the left lobe of the lungs. Percussion revealed the full barrel sound. The left side measured two and a half inches more from the centre of the sternum to the spine than the right side. I was satisfied the thorax contained fluid. Prescribed cathartic pills.

April 26. Visited patient in company with my partner, B. Sheldon, M. D. No improvement. Symptoms as above stated. Informed patients and friends of his critical situation, and that the operation of Paracentesis Thoracis was the only means that promised any relief, and under the circumstances, even that was doubtful.

Some delay being necessary to enable him to dispose of his worldly matters, the operation was deferred to the 28th, A. M. By invitation, N. B. Prentice, M. D., was present, and assisted in the operation.

The incision was made between the sixth and seventh ribs, at the point in a direct line with Axilla and spine of the Illium.

The pleura was entered by the trocar, after making the incision through the integument and intercostal muscles.

The amount of purulent, fœtid and redish matter removed by the first operation was two quarts.

He experienced great relief in his breathing, and his pulse sank. to one hundred and forty per minute. Took Ext. Hyos. grs. ii.

29th. Had a good night's rest. Pulse ninety. Edæma of the limbs all gone. Appetite good.

30th. No perceptible change from 29th.

May 1. No perceptible change.

May 2. No perceptible change.

May 3. Restless; pulse increased to one hundred and twenty.

May 4. Restless; pulse increased to one hundred and twenty, with oppressed breathing, and dullness on percussion.

May 5th. All the unpleasant symptoms above enumerated before operation. Passed the trocar again, (assisted by Drs. B. Sheldon and W. B. Prentice,) and removed four quarts of the same kind of fluid or matter. Some air entered the thorax. Breathing relieved. Wound closed and patient put to bed. Two pills of Hyos. Ext. and Ipeca a. a. gr. i. every four hours.

May 6. Had a good night's rest. Pulse again reduced to ninety per minute.

May 7th. In the presence of Dr. White I opened the wound, and again drew off two quarts of the same kind of matter. Tonic medicine was then prescribed, and a tent placed in the wound.

May 8th. Had rested well. Pulse eighty. Appetite good. Breathing free. Respiration in the left lobe established. Removed the tent and drew off one pint of matter, which had the color and appearance of pus. Tonics and nourishing diet continued. Symptoms continued about the same, except that the patient emaciated, and the discharge which continued, about a pint daily, became very offensive to the olfactories. My notes having run out, I must give the rest from recollection. About the 20th of May I threw into the thorax a solution of Chloride of Zinc, which I did very cautiously, and with fear and trembling, as I know of no precedent for such treatment. The discharge was reduced to half a pint daily, but very offensive. About the 30th I repeated the injection with Sol. Chloride Zinc. The discharge still diminishing, but offensive. At the suggestion of Dr. Sheldon, I then used a Sol. of Chloride of Soda, which was repeated daily for three or four days, when the fœtor was entirely removed, and the discharge reduced to about two ounces daily.

Tonics and nourishing diet continued. The discharge gradually decreased, and he began to improve in flesh and strength, so that on the 4th of July he was able to come into the city to celebrate—and return home on foot, a distance of two miles and a half. About the middle of July he commenced to labor at haying, and worked a week, which was too hard for him, and for some time he was unable to work; but he is now able to work constantly at moderate labor. The discharge is sometimes about two drachms a day, but some days nothing. No medical treatment has been given since the fore part of July. I have no doubt but he will eventually recover.

ART. III.—*Retained placenta.* By M. A. O'NEILL, M. D. Kennonsburgh, Ohio.

EDITOR OF THE OHIO MEDICAL AND SURGICAL JOURNAL:

Dear Sir: I wish to lay before the readers of your journal a statement of a case that I was called to a short time ago.

Believing it to be something a little past common, I wish to have it laid before the medical world. The case was one of *retained placenta.*

At about the fifth month of utero-gestation, the second stage of labor was completed. The placenta was retained from that time, (4th of June last,) until I was called, which was on the 26th of August;—it having been retained near three months. The woman was never entirely free from uterine hemorrhage from the time of abortion, until after the discharge of the after-birth; the discharge being greatly aggravated about the period of menstruation. How it was retained so long in the uterus, I am not able to say.

The constant hemorrhage, or drain from the system, did not weaken her, as might be supposed. She kept (apparently) quite healthy, and the veins presented rather an extraordinary fullness. There was, however, some degree of nervous irritability manifested during the time.

Severe labor pains came on about two o'clock A. M. of the 26th of August. I did what I thought proper in the case, and in about three hours, (after repeated faintings, and the suffering of a great amount of pain,) the after-birth was passed. It presented rather a calloused appearance, and *seemed* to have been retained in the uterus by some stringy fibres, inserted about mid-way of the mass.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

ART. I.—*Thoughts on Acclimation and Adaptation of Races to Climates.* By J. C. NOTT, M. D., Mobile, Ala.

The following desultory remarks have been elicited by a perusal of the work of Dr. La Roche, on *Yellow Fever.* It would be a work of supererogation in me at this late day to say anything in praise of this standard work, which has already taken its position in the classic literature in our profession; nor need I allude to the kind and gentlemanly tone which pervades it throughout. But there are a few points in these volumes on which I differ from the author; and, as they involve not only curious speculations but questions of deep practical importance, I will take the liberty of presenting certain facts and opinions of my own which are the result of thirty years' observation in southern climates. In so doing, my object is not controversy, but simply a desire to aid in developing the true history of southern diseases, which at this moment are so profoundly interesting to the people of the United States, north as well as south.

Although there are other opinions of Dr. La Roche with which I shall incidentally come into collision, the following paragraph is the only one to which I shall directly allude, as it expresses his opinions on the leading point to which I desire to illustrate, viz.: that of *acclimation*, or, to be more precise, the influence of southern climates on natives of the north. In vol. ii. p. 20, he says:—

"In a word, habit seems to possess the power of modifying the system to so great an extent and so permanent a degree as to justify those who hold it in the light of a second nature. In virtue of the influences it exercises, and the peculiar organic changes resulting from long exposure to the sensible and insensible qualities of the atmosphere, or to the extraneous materials by which that atmosphere may be contaminated, man enjoys the faculty to which I have alluded, of living under climatic influences of the most diversified characters. He resists the inclemencies of the elements, the insalubrity of the seasons, the extremes of temperature, as well as the action of malarial and other exhalations. With time, the native of the North acquires the privilege of supporting *with impunity* the scorching rays of a tropical sun, though the result is not obtained without inconvenience, suffering, and even danger, and without, in the greater number of instances, subjecting the individual to the ordeal of disease. Not so easy is it to become habituated to the baneful action of those modifiers—such as malarial exhalations—which exercise their agency on the principles of vitality. *But even here immunity is obtained,* either gradually and insensibly, without shock to the system, or more suddenly through the effect of an attack of fever. But whatever be the means by which the process is effected, that such protection is thus obtained, to a greater or less extent, in regard to *all malarial* and some other forms of fever, no one who has examined the subject with attention will feel disposed to deny. By long habituation to infectious localities and to the high temperature of hot regions, the system becomes acclimatized, and thereby acquires the power of *tolerating perfectly and permanently the poison,* or of eliminating it as soon as received, without succeeding reaction. The observation is of long standing. Pliny, nearly twenty centuries ago, called attention to the fact, 'that they who are seasoned can live amid pestilential diseases;' and the statement has been confirmed by all subsequent observations. The immunity is more or less perfect, according to the individual peculiarities of those exposed to the cause, and to the salubrity of the country whence they come; and is enjoyed at all future time, except when, from the concurrence of particular circumstances, the poison acquires unusual deleterious properties," &c. &c.

The doctor goes on to substantiate these opinions by references to Monfalcon, Lancisi, Pinkard, Sir Gilbert Blane, and other authorities of high repute.

I have given the above long quotation in order that Dr. La Roche might be fairly heard. The language to me is somewhat obscure, and, for fear of doing injustice, I shall simply give you my own ideas, without attempting to define clearly the limits which he intends to set to the influence of *acclimation.**

Dr. Rochoux has attempted a somewhat more precise definition of the term *acclimation,* and perhaps a better one cannot be given in the present state of knowledge. He says; "Acclimation is a profound change in the organism, produced by a prolonged sojourn in a place whose climate is widely different from that to which one is accustomed, and which has the effect of rendering the individual who has been subjected to it similar in many respects to the natives (*indigènes*) of the country which he has adopted."

This definition strikes at once a leading difficulty in this discussion, and one which should, as far as possible, be cleared away before we attempt to estimate the influencc of climate on mankind. Who are these "*indigènes*" of whom Rochoux speaks? Are they, in all cases, really descendants of the same original stock as those who come to seek acclimation? Here, I repeat, are questions which have not been fully and fairly examined, even by Prichard, the great champion of the unity of the human race, and which embarass our progress at every step.

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* Dr. La Roche prefers the word *acclimatization.* I prefer the common term, as it is adopted by Webster, by French writers, and it is shorter.

My own opinions on the *original diversity of the races of men* have been long before the public, and need not be repeated here; nor, perhaps, does a practical view of the subject before us demand the re-opening of that long mooted question, because recent discoveries have demonstrated that those well-marked races which are now scattered over the face of the earth have (unless where deteriorated by disease,) with slight modification, preserved the same physical characteristics which marked them several thousand years ago. And if this *permanency of type* be, as it now universally is among naturalists, admitted, we have no reason to expect that climate will produce changes in races during the next thousand years which it has not been potent enough to effect in all recorded time of the past.

Moses, we are told, "was learned in all the wisdom of the Egyptians;" and, long before even his day, we know positively, through the researches of Lepsius, Champollion, Rosellini, and others, that the Egyptians had classed the races of men into the white, red, black, and yellow, each class representing a *group of races of kindred types.*

No man who has investigated the subject, will deny the antiquity of Egypt, China, and India, each of which existed as empires more than 2,000 years before Christ, with populations presenting widely different physical characters, and speaking languages radically distinct from each other. Moreover, in Egypt, besides the millions of mummies which have been found in the catacombs of Thebes and Memphis, we see depicted on her time-worn monuments, authentic delineations of nearly all the races that the traveller now meets in his journey around the greater part of the Mediterranean. We there behold the portraits of Egyptians, Assyrians, Nubians, Abyssinians, Jews, Negroes, Tartars, Arabs, Berbers, &c.; and all, according to Lepsius, Bunsen, Birch, De Rougé, and other leading authorities, dating back at least 2,300 years before the Christian era. Nor is evidence wanting to prove that Celts, Slaves, Teutons, Finns, Iberians, Pelasgians, and other types, inhabited Europe before the epoch of Moses. We might even go further, and produce evidence to show that America, Australia, and Oceanica had their *indigènes,* when Abraham and Sarah went to buy corn of the Pharaoh who then presided over the Egyptian empire.

We repeat, then, that the above races all existed, in their full developed types, 5,000 years ago—that no known causes have ever transformed one race into another—and that nothing but amalgamation, or morbific causes, have ever greatly changed the physical characters of a race. So far we are sustained by facts; and *science* has nothing to do with the age of miracles beyond the starting point of my researches. The true origin of genera and species has proved a never-ending dispute among naturalists, and from the very nature of the case must ever remain so without a new revelation from the Creator.

The *antiquity* of the various types of man being conceded, let us next view them in connection with the other organized beings of our planet.

Naturalists teach, that while the surface of the earth presents an infinite variety of climates which influence animal and vegetable life, it may at the same time be divided into realms or regions, presenting totally distinct Faunæ and Floræ. These regions, which have been called *Zoological Provinces*, run so insensibly into each other as not to admit of precise boundaries, but each possesses an infinite variety of animals and plants that are peculiar to it, and which it is believed were then created. Prof. Agassiz, without pretending, in the present imperfect state of facts, to minute accuracy, has mapped off the earth into eight of these provinces, each of which contains not only peculiar animals and plants, but a *group* of human beings which seems to form an original element in the local creation, and to be *adapted by nature to surrounding climatic influences.* The following is the division of Professor Agassiz: The *Arctic*, the *Asiatic*, the *European*, the *American*, the *African*, the *Malayan*, the *Australian*, and the *Polynesian Realms.* Now each of these realms has been shown to contain animals and plants that are found nowhere else, and also a group of human beings of peculiar type, which date back beyond human records, and which seem to be in perfect harmony with surrounding circumstances.

This is not the place to enlarge upon such a well-known law of natural history, and it may be sufficiently illustrated for the medical student, by a statement of the fact, that south of the arctic, at which the continents nearly touch, there is not an animal or plant that is common to the Old and New World. Every living thing (with *perhaps* a few rare exceptions) found in America at the time of the conquest, was here created.

Now, that the races of men, found in these respective realms, obey the same law of local creation as other organized beings, no doubt will be stoutly denied; but, leaving this point out of view, it will be admitted that these races have for ages been in harmony with the positions in which they are found, and cannot be removed to other zones without doing violence to their natures.

The animals and plants of different latitudes differ greatly in pliability of constitution, and are variously affected by changes. Those of the arctic and the tropic are each reared in extremes—are habituated either to very high or very low temperature, and cannot be transported far beyond their native climes, without injurious consequences. Hence, when the human beings or animals of the arctic or tropic are left to themselves, they rarely migrate much beyond the limits of their respective zones. Not so with the inhabitants of the middle temperate latitudes. Here the animals and plants are subject to cold winters and hot summers, and possess a pliability of nature which enables them to stand a wide geographical range. The races of men here are found to obey the same law, and have been the great conquerors, colonizers, and civilizers of the world; but even these have paid dearly for their migratory propensities. Though placed at the head of the animal kingdom, man is still an animal, and subject to the same physical influences as others. He is enabled to change his climate with more facility than most animals, simply because he is enabled to devise means by which he can protect himself against extremes of temperature and other unaccustomed influences.

Cabanis has justly remarked: "*Si l'histoire naturelle a besoin d'une bonne géographie physique, la science de l'homme, a besoin d'une géographie médicale.*" Much has been done since his day in the former department, but little progress has been yet made in the right direction in medical geography.

Every one admits that the negro cannot be carried to the arctic, or the Esquimaux to the tropic, without destruction of life. It is equally true that the natives of Europe and those of Africa brought to the United States are differently affected by the climate, which is equally new to each. We may go much further, and assert that various races of Europe, Asia, and Africa are influenced in different degrees by change to any given climate: and yet the element of race has played but an insignificant part in the question of acclimation. Much might be said on the relation of race to climate, but I can here do little more than call attention to its importance; and the few remarks I shall make, will be confined to the influence of our southern climate on exotic population.

All of our Southern States, as well as the tropical part of America, were covered by aboriginal tribes at the time of the conquest, which were everywhere a robust and healthy people. These races still inhabit the sickliest parts of Florida with impunity, and I meet others every day in the streets of Mobile, who present a vigorous and healthful appearance, though their bark tents are pitched around the town on the borders of pestiferous marshes. All testimony goes to show that these races suffer comparatively little from the indigenous diseases of the country, while they are terribly scourged by imported diseases, such as cholera, measles, smallpox, &c. In a word, it would seem that no foreign race can be placed, not even the negro, in such perfect harmony with our climate, as the Indian.

Writers on the physical history of man—Blumenbach, Prichard, Cuvier, and others, have made arbitrary classifications of races, which may be convenient, but which have no foundation whatever in nature; for example, the most commonly received divisions of races is the following: Caucasian, Mongol, Malay, Indian, and Negro. Let us take up the first division, and ask why has such a heterogeneous mass been grouped under the head of *Caucasian?* Slavonians, Teutons, Celts, Iberians, Finns, Pelasgians, Jews, Gypsies, Egyptians, Arabs, Hindoos, &c., &c., have all been thrown together under one name, though resembling each other no more than do dogs, wolves, foxes, jackals, and hyenas. Medical men have, in like manner, whilst discussing the subject of acclimation, thrown all these races together as amenable to the same physical laws, without stopping to inquire whether the principle be true or false.

All writers, in arguing this question, admit the broad division of *white* and *black races*, and although the study of climatic influences on the intermediate races may be attended with greater difficulties, it is none the less important.

The physicians of our southern seaports will not only tell you that negroes are much less susceptible to the influence of yellow fever poison than whites, but that the smallest infusion of negro blood into the white diminishes their susceptibility. No facts can be better settled than these.

My own observation for twenty years in Mobile (where there is a very mixed population of Anglo-Saxons, French, Spaniards, Italians, Negroes, Mulattoes, Indians, &c.,) has satisfied me thoroughly, that the susceptibility of Races to yellow fever is in direct ratio to the fairness of complexion. All the strictly white races are most susceptible; and in proportion as we descend through the dark-skinned descendants of the Iberian part of the population of France (Spaniards, Italians, Portuguese,) the Mongols, Malays, &c., down to the negro, this susceptibility decreases. I know I shall be told, that these races are less susceptible because they are natives of warm climates; but my own conviction is that there is something in *Race* besides climate; and that the climate does not make the race, but that the race was originally made to suit the climate in which Nature placed it. The descendants of these dark-skinned races, born in Great Britain or in Germany, are less likely to suffer from yellow fever than the fair-skinned races; and we see the fact every year confirmed in Charleston, Mobile, and New Orleans, that negroes of the fourth, fifth, or even tenth generation in Virginia (where the yellow fever does not prevail,) enjoy almost perfect immunity against this disease. I have seen many hundreds of these unacclimated negroes of Virginia exposed to yellow fever in Mobile; and until the memorable year of 1853, I never saw but two full-blooded negroes die of yellow fever. In the latter year more were attacked, but very few died. Negroes, too, possess a remarkable proneness to cholera, and to all forms of typhoid disease, typhoid fever, typhoid pneumonia, &c., as well as to the acute diseases of winter.

The statistics of Prussia show that Jews are much less liable to plica Polonica than the Slavonic, Teutonic, and other races of Europe; and we shall see further on that they are the only foreign population that can increase in Algeria.

But let us turn from this intricate problem of Races, and come down to the plain practical part of the discussion which lies within the reach of common observation. Let us inquire how far Dr. La Roche's ideas of acclimation are true, when applied "to *all forms* of malarial fever," and when he tells us that the native of the North who comes to the South and inhabits "infectious localities," "*becomes acclimatized and thereby acquires the power of tolerating perfectly and permanently the poison.*"

Had the doctor lived at the South instead of the North he would have come to very different conclusions. He would have learned that the Anglo-Saxon easily becomes acclimated against yellow fever of the cities, but never against the marsh malaria of the rural districts: nay, more, that susceptibility here increases with time, and that this race in "infectious localities" would, in time, if left alone, become exterminated by this "poison." A capital error has therefore been committed in grouping together yellow fever and the various forms of malarial disease.

I may be permitted to repeat that my conclusions are the result of many years' observation at the South, and that my attention has been called to the subject of acclimation by long connection with life insurance companies.

Yellow fever is, *par excellence,* a disease of towns and crowded population, while intermittents and remittents belong to the country; and wherever a large town is built in a malarial district, intermittent fever and its allies are driven to the suburbs, in proportion as grading, paving, and buildings extend. Charleston, South Carolina, may be selected from many others, as a striking illustration. This city was built in the midst of an "infectious locality," where marsh fevers exist to a terrible extent, in all grades, and yet it has become the most healthy town of the South. Its bills of mortality, for the last thirty-five years, will show statistics that compare favorably with those of any other city; and here among the causes of death bilious fever plays but a feeble part. The original disease of the spot has been expelled; and for it are substituted, at long intervals, epidemics of yellow fever; while the diseases of the suburbs and surrounding country are unchanged. The inhabitant of the town is fully acclimated to *its* atmosphere, but cannot spend a single night in the country without serious risk of life; nor can the squalid liver-stricken countryman come into the city during the prevalence of yellow fever, without danger of dying with black vomit. A stronger proof of the non-identity of yellow and marsh fevers cannot be demanded.

There are difficulties in this subject which it is not my purpose to touch, for two reasons: 1st, because it would extend this paper too far; and 2d, because we are greatly wanting in accurate observations on many of the forms of disease, and the topography of their localities, in different parts of the world. I am inclined to think that not only has yellow fever been improperly considered as a mere grade of marsh fever, and attributable to the same cause which produces intermittents; but, that it is very questionable whether all the other endemic fevers of hot climates are attributable to the same poison. There is reason, for example, to believe that the fevers of the coast of Africa are different from those of the United States, and that although they are quite as violent, or even more so to the unacclimated, than ours, yet the native Africans withstand them better than they do our marsh fevers. So with the fevers of Spain and Portugal, which, during the Peninsular war, created such havoc among the English troops, while the *natives* seemed fully acclimated against them. We know that the Italians and the Anglo-Saxons never become accustomed to the endemics around them. I wish to illustrate more particularly the influence of the endemics of the Southern States on the Anglo-Saxon immigrants, and shall, therefore, not pursue this branch of the inquiry.

In treating the subject of *Acclimation*, two very distinct influences are to be considered: 1st, *Temperature;* 2d, *Malarial Exhalations.*

All writers on the diseases of hot climates inform us that, when the people of the North remove to hot climates, the system undergoes a great change from the heat alone. The robust, florid German or Anglo-Saxon in India, Jamaica, or in our Gulf States, perspires profusely, becomes attenuated, debilitated, tanned, and his whole external appearance and internal organism are greatly modified, independently of any malarial influence. This uncomplicated influence of heat may be well studied in our high healthy pine-lands of the South, at the Cape of Good Hope, and many places where intermittent or other malarial diseases do not prevail. Foreigners, in such localities, *do* undergo a positive acclimation. They, after a time, and particularly their descendants, become habituated to heat, and live in hot climates with a certain degree of comfort and health. There is ample reason to believe, however, that natives of the North never can become *perfectly* adapted even to high temperature, and that the duration of life is materially curtailed under such circumstances. The experience of the insurance companies of the United States seems of late to be confirming this view; and my own mind has long been made up to the belief that the Anglo-Saxon race positively deteriorates in hot climates under all circumstances. The population of the South nowhere presents the same vigor as that of Germany and Great Britain; and although they may not have attacks of fever, they are annoyed by many minor ills, which make them a physic-taking people, and curtail the average duration of life. Although Knox has pushed the idea to an extreme that I do not think warranted by facts, yet I do not believe that the climate even of our Northern States is so well adapted to the Anglo-Saxon stock as the temperate zone of Europe from which history derives them.

There is, then, a certain degree of acclimation to *temperature;* and it is equally true that persons so acclimated, and more especially their children, after having gone through this process, are less liable to *violent* attacks of our marsh fevers, when exposed to them, than the fresh immigrants from the North. The latter are more plethoric, their system more inflammable, and although not more liable to be attacked by these endemics, they experience them, when attacked, in a more violent and dangerous form. This fact holds good both with regard to remittent and yellow fever.*

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* Dr. Boudin, in his "Lettres sur l'Algérie," after establishing the persistent influence of marsh malaria on French and English colonists, continues thus :—

"Reste à examiner l'influence exercée sur le chiffre des décès par le séjour dans les localités de l'Algérie, *non sujettes anx émanations paludéennes,* mais se distinguant le la France uniquement par une température élevée. A défaut de documents assez nombreux recueillis en Algérie même, nous invoquerons les faits relatifs à deux possessions anglaises ayant la plus grande analogie thermométrique avec notre possession africaine ; nous voulons parler : 1°. du Cap de Bonne-Espérance ; 2°, de Malte . l'un et l'autre proverbialement exemptés de l'élément paludéen.

"Au Cap de Bonne-Espérance, la mortalité de trois regiments anglais, de 1851 à 1836, a été représentée par les nombres suivants :—

En 1831	26	décès.
" 1832	26	"
" 1833	28	"
" 1834	28	"
" 1835	34	"
" 1836	33	"

"A Malte, où l'on peut considérer les hommes les plus jeunes comme le plus recemment arrives d'Angleterre, la proportion des decès a suivi la marche ci-après.

Au-dessous de 18 ans	10	décès sur 1000	hommes.
De 18 à 25	18.7	"	"
" 25 à 33	23.6	"	"
" 33 à 40	29.5	"	"
" 40 à 50	34.4	"	"

"En résumé, les analogies puisées, non seulement dans les localités paludéennes, mais encore dans les contrées non marécageuses, ayant une plus grande analogie climatologique avec l'Algérie, se montrent peu favorables à l'hypothèse de l'acclimatment."

He then goes on to give statistics both of the civil and military population of Algeria, which show still more deadly effects of climate.

Leaving, then, the acclimation of temperature, let us come down to the main subject of our investigation, and inquire whether the white races can ever become acclimated against the influence of "malarial exhalations," or, in plain language, the morbific cause of intermittent fever. I recollect well the remark of my medical preceptor, thirty years ago, in South Carolina, that "Natives of the North, though subject to more inflammatory attacks, were *less liable* to intermittent and bilious fevers at the South, for the first year or two, than the natives who were born in malarial districts;" and my own observation leads me to the same conclusion.

The fact is so glaring and so universally admitted, that I am really at a loss how to select evidence to show that there is no acclimation against the endemic fevers of our rural districts. Is it not the constant theme of the population of the South how they can preserve health? and do not all prudent persons who can afford to do so, remove in the summer to some salubrious locality in the pine lands or the mountains? Those of the tenth generation are just as solicitous on the subject as those of the first. Books written at the North talk much about acclimation at the South, but we here never hear it alluded to *out of the yellow fever cities.* On the contrary, we know that those who live from generation to generation in malarial districts become thoroughly poisoned, and exhibit the thousand protean forms of disease which spring from this insidious poison.

I have been the examining physician to several life insurance companies for many years, and one of the questions now asked in many of the policies is, "*Is the party acclimated?*" If the subject lives in one of our southern seaports where yellow fever prevails, and has been born and reared there, or has had an attack of yellow fever, I answer, "*Yes.*" If, on the other hand, he lives in the country, I answer "*No;*" because there *is no acclimation against intermittent and bilious fever, and other marsh diseases.* Now, I ask if there is an experienced and observing physician at the South who will answer differently? An attack of yellow fever does not protect against marsh fevers, nor *vice versâ.*

The acclimation of negroes, even, according to my own observation, has been put in too strong a light. Being originally natives of hot climates, they require no acclimation to *temperature,* and are less liable to the more inflammatory forms of malarial fevers, and suffer infinitely less than whites from yellow fever; they never, however, as far as my observation extends, become proof against intermittents and their sequelæ. The cotton planters throughout the South will bear witness, that, wherever the whites are attacked with intermittents, the blacks are also susceptible, though not in so great a degree. My observations apply to the region of country removed from the rice country. We shall see further on that the negroes of the rice-field region do undergo a higher degree of acclimation than those of the hilly lands of the interior. I know many plantations in the interior of Alabama, South Carolina, Georgia, Mississippi, and Louisiana, on which negroes of the second and third generation continue to suffer from these malarial diseases, and where gangs of negroes do not increase.

Dr. Samuel Forry, in his valuable work on the climate of the United States, has investigated fully the influence of our southern climates on our population, and uses the following decided language in relation to the whites :—

"In these localities, as is often observed in the tide-water region of our Southern States, the human frame is weakly constituted, or imperfectly developed ; the mortality among children is very great, and the mean duration of life is comparatively short. Along the frontiers of Florida and the southern borders of Georgia, as witnessed by the author, as well as in the low lands of the southern States generally, may be seen deplorable examples of the physical and perhaps mental deterioration induced by endemic influences. In earliest infancy the complexion becomes sallow, and the eye assumes a bilious tint; advancing towards the years of maturity, the growth is arrested, the limbs become attenuated, the viscera engorged, &c." (p. 365.)

But leaving our own country, let us look abroad and see what the history of other nations teaches.

The best authenticated examples, perhaps, anywhere to be found on record, of the enduring influence of marsh malaria on a race, are in the Campagna, Maremma, Pontines, and other insalubrious localities in classic Italy. The following account is given by Dr. James Johnson, in his work on *Change of Air*, and every traveller through Italy can vouch for its fidelity :—

"It is from the Mountain of Viterbo that we have the first glimpse of the wide spread *Campagna di Roma.* The beautiful little lake of Vico lies under our feet, its sloping banks cultivated like a garden, but destitute of habitations, on account of the deadly malaria, which no culture can annihilate. From this spot till we reach the desert, the features of poverty and of wretchedness in the inhabitants themselves, as well as in everything around them, grow rapidly more marked. We descend from Monti Rose upon the Campagna, and, at Baccano, we are in the midst of it."

After describing the beauty of the scenery and its luxuriant vegetation, he continues—

"But no human form meets the eye, except the guant figure of the herdsman, muffled up to the chin in his dark mantle, with his gun and his spear—his broad hat slouched over the ferocious and scowling countenance of a brigand! the buffalo which he guards is less repugnant than he! As for the shepherd, Arcadia forbid that I should attempt his description! The savage of the wigwam has health to recommend him. As we approach within ten miles of Rome, some specks of cultivation appear, and within them the dire effects of malaria on the human frame. Bloated bellies, distorted features, dark yellow complexions, livid eyes and lips; in short, all the symptoms of dropsy, jaundice and ague, united in their persons." "That this deleterious miasma did exist in the Campagna from the very first foundation of Rome down to the present moment, there can be little doubt."

He then goes on to prove the fact from the writings of Cicero, Livy, and others; and makes it clear that the population of Italy are no nearer being *acclimated* against this poison than they were two thousand years ago.

Sir James Johnson makes the following just remark, which applies equally to the malarious districts of our country:—

"A glance at the inhabitants of malarious countries or districts, must convince even the most superficial observer, that the range of disorders produced by the poison of malaria, is very extensive. The jaundiced complexion, the tumid abdomen, the stunted growth, the stupid countenance, the shortened life, attest that habitual exposure to malaria saps the energy of every mental and bodily function, and drags its victims to an early grave. A moment's reflection must show us, that *fever* and *ague,* two of the most prominent features of malarial influence, are as a drop of water in the ocean, when compared with the other less obtrusive, but more dangerous maladies that silently, but effectually, disorganize the vital structures of the human fabric, under the operation of the deleterious and invisible poison."

"What are the consequences? Malarious fevers; or, if these are escaped, the foundation of chronic malarious disorders is laid in ample provision for future misery and suffering! These are not speculations, but facts. Compare the range of human existence, as founded on the decrement of human life in Italy and England. In Rome, a twenty-fifth part of the population pays the debt of Nature annually. In Naples, a twenty-eighth part dies. In London, only one in forty; and in England, generally, only one in sixty falls before the scythe of time, or the ravages of disease."

As is the case with all of our southern seaports, "the suburbs of Rome are more exposed to malaria than the city; and the open squares and streets, than the narrow lanes in the centre of the metropolis." "The low, crowded and abominably filthy quarter of the Jews on the banks of the Tiber, near the foot of the capital, probably owes its acknowledged freedom from the fatal malaria to its sheltered site and inconceivably dense population." This immunity may arise, at least in part, from their position at the *foot* of the hill; for there is no exception to the rule at the South, that a residence on the bank of a river, or in low land, is less affected by malaria than the hill that overlooks it. At present the fact is inexplicable, although universally admitted.

We will here add some interesting facts from the writings of the distinguished military physician, M. le Docteur Boudin, derived from personal observation during long residence in Algeria, and from official government documents.

"On the 31st of December, 1851, the indigenous city population (of Algeria) amounted to 105,865 inhabitants, of whom there were—

Mussulmans	81,329
Negroes	3,488
Jews	21,048

"If we compare this census with that of the year 1849, the following facts appear:

"1. By a comparison of births and deaths in the official tables, the Mussulman population is decreasing.

"2. The Negroes have decreased, in two years, 689.

"3. The Jews, during the same time, have increased 2,020.

"The mortality among the European population in Algeria, from 1842 to 1851, has varied from 44 to 105 out of every 1,000; and, instead of diminishing from year to year under acclimation, *the mortality has steadily increased.*

Mortality according to Nationality.

"Heretofore we have given the mortality of the European population taken in mass. It is understood that this mortality must be greatly influenced by the *origin* of the different elements of the population. We have shown that the half of the European population is composed of strangers, (other than French,) and numbers over 41,000 Spaniards, and 15,000 Italians and Maltese. The official tables give the following mortality from 1847 to 1851, for the French and strangers (Spaniards, Italians and Maltese):

	Deaths for each 1,000	
	Strangers.	French.
1847	48.4	50.8
1848	41.8	41.7
1849	84.3	101.5
1850	43.4	70.5
1851	39.3	64.5"

Thus, on the one side we see that the mortality of the French greatly exceeds that of the other European population; while on the other, in 1850 and 1851, the mortality of the former rises to a figure three times greater than the normal mortality of France.

Jewish Population.

The official tables give the following *résumé* of the mortality of the Jewish population, during the years from 1844 to 1849:

1844	21.6	deaths per	1,000
1845	36.1	"	"
1847	31.5	"	"
1848	23.4	"	"
1849	56.9	"	"

This mortality is greatly below that of both the European and Mussulman population, and shows the difference of acclimation in Jews and Frenchmen: "Nulle part le Juif ne nait, ne vit, ne meurt comme les autres hommes au milieu desquels il habite. C'est là un point d'anthropologie comparee que nous avons mis hors de contestation dans plusieurs publications."

"According to the last tables of the French establishments in Algeria, the total number of births from 1830 to 1851, have been 44,900, and that of the deaths 62,768" !!! This fact applies to all the provinces, and shows that the climate tends to the extermination of Europeans.

The official statistics also show that the *Mussulman* (Moorish) population is steadily decreasing in the cities. Dr. Boudin asks: "Is this diminution the effect of want, or of demoralization? Is it to be explained by the cessation of unions between the native women and the Turkish soldiers? or finally, is it explained by that mysterious law in virtue of which inferior races seem destined to disappear through contact with superior races?"

Our space does not permit us to dilate on these interesting questions, but it would be an easy task to show that races are adapted to certain climates; and that the mingling of different stocks greatly influences the longevity of individuals, and the *longevity of races.*

As this subject of home acclimation is one of too much importance to be allowed to rest on the opinion of any one individual, I have taken the liberty of writing to several of my professional friends for the results of their observations in different localities and States. All the answers received confirm fully my assertion that the Anglo-Saxon race never can be acclimated against marsh malaria. should remark that the following letters were written with the haste of private correspondence, and not with the idea of publication. The first letter is from Dr. Dickson, the distinguished Professor of Practice in the Charleston Medical College.

CHARLESTON, May 16, 1856.

MY DEAR DOCTOR: I hasten to reply to yours of the 9th inst., received by yesterday's mail.

1. "The Anglo-Saxon race can never become acclimated against the impression of intermittent and bilious fevers," "periodical," or "malarious fevers." On the contrary, the people living in our low country grow more liable to attack year after year and generation after generation.

We get rid of the poison in some places, and thus extend our limits of residence, but in no other way. Drainage, the formation of an artificial surface on the ground, and other incidents of density of population, such as culinary fires, railroad smokes, and the like, aid to prevent the formation of malaria, or correct it.

Boudin (*British and Foreign Rev.*, Oct. 1849) argues against the possibility of such acclimation, dwelling upon the little success and great mortality attending the colonization of Algeria, the European and English intrusion into Egypt and into Hindostan.

The French, he tells us, cannot keep up their number in Corsica. In the West Indies, the white soldier is twice as likely to die as the black; in Sierra Leone sixteen times more likely, and this continues permanently.

In *Bryson's Reports on the Climate and Principal Diseases of the African Station,* it is affirmed (p. 83) that on board the Atholl, (a vessel kept some time on the station,) the cases of fever have recovered much more slowly than formerly; so that, instead of its being an advantage to be acclimated, it is apprehended that it will be quite the reverse, as the system becomes relaxed and debilitated by the enervating influence of the climate.

2. "Do *Negroes* in this country (rice-field) ever lose their susceptibility to those diseases?" Yes, in a very great measure, if not absolutely. If they remain in the same locality, they are scarcely subjects of attack. I use cautious language—too cautious. It is my full belief that they become *insusceptible* of the impression of the cause of periodical or what we call malarious fevers. Who ever saw a negro with an ague cake? I certainly never did. Change of residence begets a certain but very moderate degree of susceptibility. If a house negro be sent to a rice-field he may be attacked. So in shifting along the African coast from place to place, the natives of one locality will be seized by fever sometimes at another. Bryson tells us that Fernando Po is so terribly insalubrious that negroes brought from any part of the African continent are always sickly there, "though the natives of the island itself appear to be a healthy and athletic race of people."

The same author tells us of the general insusceptibility of the particular race called Kroo-men, all along the coast. This class of people are therefore very useful and available, being hired in preference to others on board the cruisers.

3. Negroes increase in number on our rice plantations—nay, it is my impression that the rate of increase is greater than on the less malarial cotton plantations. The majority of deaths that do occur happen in winter and from winter diseases, few dying of fever, none or almost none from bilious, intermittent, or remittents, some from typhus or typhoid, or "typhous" fevers.

* * * * * * *

I remain, &c. &c. &.,

Samuel Henry Dickson.

There is an interesting fact in the above letter, to me, as I have no experience in the rice-field country. I allude to the acclimation of negroes in these flat swamp-lands, and their increase. As far as my observation goes, the *hilly* rich clay lands of the interior are, with few exceptions, more liable to malarial fevers than the swamp-lands on the water-courses. The hills in the neighborhood of our swamp-lands are always more sickly than the residences which are on the river banks. Professor Dickson says the rice-field negroes increase more than those on the cotton plantations. Certainly, negroes do suffer greatly on many cotton plantations in the middle belt of the southern States; and I have seen no evidence to prove that negroes can in this region become accustomed to the marsh poison, and my observation has been extensive in four States. A question here arises, is there any difference in types of those malarial fevers which originate in the flat tide-water rice-lands and those of the clay hills, or marsh fevers of the interior? I am inclined to think there is.

The following letter is from my friend Dr. Wm. M. Boling, of Montgomery, Alabama, who has had much experience in this region, and who is well known as one of our best medical writers.

MONTGOMERY, *Ala.*, May 17, 1856.

DEAR DOCTOR: Judging from my own observation, I am inclined to believe that there is no such thing as acclimation to miasmatic localities; in other words, that neither residence in a miasmatic locality nor an attack or even repeated attacks of any of the various shades or forms of miasmatic fevers confer any power of resistance to what we understand by the miasmatic poison—not regarding yellow fever, however, as belonging to this class of disease. On the contrary, one attack, it seems to me, instead of incurring an immunity from, rather increases the tendency or predisposition to another. It would be no difficult matter, I think, to obtain histories of cases of persons born and continuing to live in miasmatic localities who have been subject to repeated attacks of miasmatic fevers occasionally during the entire course of their lives—say from a few days after birth to a moderate old age—"from the cradle to the grave." We do, to be sure, meet with persons who have resided for a considerable time in miasmatic localities without ever having an attack of any of the forms of the fever in question. Such instances are more common, if I mistake not, among persons who have removed from a healthy into a miasmatic locality than among such as may have been born and reared in the latter. But it is a rare thing, indeed, according to my observation, to meet with a person residing in a place where miasmatic diseases are rife who has had *one attack and no more.*

Yours, &c. &.,

Wm. M. Boling.

The identity or non-identity of yellow and marsh fevers has much to do with the subject of acclimation, but I must refer for my views on this subject to a paper of mine published some twelve months ago in the *New Orleans Medical News and Hospital Gazette.—Amer. Jour. of Med. Science.*

Art. II —*Memoirs of the celebrated Dr. Harvey ;* from notes collected from the Bodleian Library and Ashmolean Museum.

[From the London Medical and Physical Journal, for February, 1815]

Gul. Harveus, An. ætat. 10, in Schola Cantuar. primis doctrinæ rudimentis imbutus ; 14, Col. Gonvil. et Caii Alumnus ; 19, peragravit Galliam et Italiam ; 28, Patavii Præceptores habuit Eust. Radium, Tho. Minad. H. Fab. ab Aquapend, Consul Angl. 16[*] fit ; 24, Doctor Med. et Chirurg. Reversus Lond. praxin exercuit. et uxorem[†] duxit ; 25, Coll. Med. Socius ; 37, Anatom. et Chirurg. Professor ; 54, Medicus Regius factus. Scripsit de Motu Sanguinis, et de Gen. Animal. Obiit 30 Jun. MD.CLVII. Ætat. 80.[‡] (But I will remember that Dr. Alsop, at his funeral sayd, that he was eighty wanting one ; and that he was the eldest of nine brethren.)

He lies buried in a vault at Hempsted in Essex, wch. his brother Eliab Harvey built, he is lapt in lead, and on his brest in great letters Dr. William Harvey. I was at his funerall, and helpt to carry him into the vault.

In the library at the Physitians' Colledge, was the following inscription above his statute, (which was in his doctorall robes.)

Gul. Harveus, Natus A. D. 1578, Apr. 2. Folkston,[§] in Com.

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[*] Sic. Edit.

[†] Smyth.

[‡] Over Dr. Harvey's picture in a great parlour under the library, at the Physitians' College at Amen-corner, [burnt.]

[§] Borne in the house which is now the post house, a fair stone built house, which he gave to Caius Coll. in Cambridge, with some lands there, in his will. His brother Eliab would have given any money or exchange for it, because 'twas his father's and they all borne there, but the doctor (truly) thought his memory would be better preserved this way, for his brother has left noble seats, and about 3000 pounds per annum at least.

Cantii, Primogenitus Tho. Harvei et Joannæ Halk. Frat. Germani. Tho. J. Dan. Eliab. Mich. Mat. Sorores. Sarah, Amey.

Under his white marble statue, on the pedestall, thus,

GULIELMO HARVEO,
Vivo,
Monumentis suis immortalli,
Hoc insuper
Coll. Med. Lond.
Posuit
Qui enim SANGUINIS MOTUM
(ut et ANIMAL ORTUM) dedit
meruit esse
STATOR Perpetuus.

Dr. Harvey added (or was very bountiful in contributing to) a noble building of Roman architecture (of rustique work with Corinthian pillasters,) at the Physitian's College aforesaid, viz. a great parlour, a kind of convocation-house for the fellows to meet in belowe; and a library above. On the outside, on the freeze, in letters three inches long, is this inscription, SUASU ET CURA FRAN. PRUJEANI, PRÆSIDIS, ET EDMUNDI SMITH, ELECT. INCHOATA ET PERFECTA EST HÆC FABRICA. AN. MICCLIII.

All these buildings and remembrances were destroyed by the generall fire.

He was always very contemplative, and the first yt. I heare of yt. was curious in Anatomie in England. He had made dissections of froggs, toads, and a number of other animals, and had curious observations on them, which papers, together with his goods, in his lodging, at White-hall, were plundered at the beginning of the rebellion, he being for the king, and with him at Oxon, but he often sayd, that of all the losses he sustained, no griefe was so crucifying to him as the losse of these papers, wch. for love or money he could never retrieve or obtaine. When K. Ch. I. by reason of the tumults left London, he attended him and was at the fight of Edge-hill with him; and during the fight, the Prince and D. of Yorke were committed to his care. He told me that he withdrew with them under a hedge, and tooke out of his pockett a booke and read; but he had not read very long before a bullet of a great gun grazed on the ground near him, which made him remove his station; he told me yt. Adrian Scrope was dangerously wounded there, and left for dead amongst the dead men, stript, which happened to be the saving of his life. It was clear cold weather, and a frost that night; which staunched his bleeding, and about midnight, or some hours after his hurt, he awaked, and was faine to draw a dead body upon him for warmeth sake.

After Oxford was surrendered, which was 24 July, 1646, he came to London, and lived with his brother Eliab, a rich merchant in London, on ——— hill, opposite to St. Lawrence, Poultry, where was then a high leaden steeple, (there were but two, viz. this and St. Dunstan's in the east,) and at his brother's country house at Roehampton. His brother Eliab, bought, about 1654, Cockaine-house, now (1680) the Excise Office, a noble house, where the doctor was want to contemplate on the leads of the House, and had his severall stations, in regard of the sun, or wind. He did delight to be in the darke, and told me he could then best contemplate.

He had a house heretofore at Combe, in Surrey, a good air and prospect, where he had caves made in the earth, in which, in summer time he delighted to meditate. He was pretty well versed in mathematiques, and had made himself master of Mr. Oughtred's Clavis Math. in his old age; and I have seen him perusing it, and working problems not long before he dyed, and that book was always in his meditating apartment. His chamber was that room which is now the office of Elias Ashmole, Esq., where he dyed, being taken with the dead palsey, which took away his speech; as soon as he was attaqued, he presently sent for his brother and nephews, and gave one a watch, another another thing, &c., as remembrances of him. He dyed worth 20,000 pounds, wch. he left to his brother Eliab. In his will he left his old friend, Mr. Tho. Hobbes, 10 pounds, as a token of his love.

He was wont to say, that man was but a great mischievous baboon.

He would say, that the Europeans knew not how to order or govern our woemen, and that the Turks were the only people [who] used them wisely.

He had been physitian to the Lord Ch. Bacon, whom he esteemed much for his witt and style, but would not allow him to be a great philosopher, Said he to me, "He writes philosophy like a Ld. Chancellor," speaking in derision.*

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* This must relate to Bacon's Physiological opinions as exemplified in his *Historia Vitæ et Mortis*, the work which produced so much wit in the Tristram Shandy, concerning radical heat and radical moisture. Harvey's mode of inquiry was exactly such as Bacon pointed out in his Nov. Organum. But it must be admitted, that Bacon's only physiological works savors much of precedents in Lord Chancellor style—Edit.

About 1649, he travelled again into Italy, Dr. George, now Sir John Ent. then accompanying him.

At Oxford he grew acquainted with Dr. Charles Scarborough, then a young physician, (since by Ch. II. knighted) in whose conversation he much delighted ; and whereas before he marched up and downe with the army, he took him to him and made him ly in his chamber, and said to him, "Prithee leave off thy gunning, and stay here, I will bring thee into practice." For twenty years before he dyed, he took no manner of care about his worldly concerns, but his brother Eliab, who was a very wise and prudent manager, ordered all not only faithfully, but better than he could have done for himself. He was, as all the rest of his brothers, very cholerique, and in his younger days wore a dagger, (as the fashion then was, nay I remember my schoolmaster, Mr. Latimer, at seventy, wore a dudgeon, with a knife and bodkin, as also my old grandfather, Lyte, and Alderman Whitson, of Bristowe, wch. I suppose was the common fashion in their young dayes,) but this Dr. would be apt to drawe out his dagger upon every slight occasion.

He was not tall, but of the lowest stature, round faced, olivaster (like wainscott) complexion ; little eie, round, very black, full of spirit ; his haire was black as a raven, but quite white twenty years before he dyed.

I first saw him at Oxford, 1642, after Edgehill fight, but was then too young to be acquainted with so great a doctor. I remember he came severall times to our Coll. (Trin.) to George Bathurst, B. D. who had a hen to hatch eggs in his chamber, which they daily opened to see the progress and way of generation. I had not the honor to be acquainted [with] him till 1651, being my cos. Montague's physitian and friend. I was at that time bound for Italy, (but to my great grief dissuaded by my mother's importunity.) He was very communicative, and willing to instruct any that were modest and respectfull to him. And in order to my journey, dictated to me what to see, what company to keep, what bookes to read, how to manage my studyes ; in short, he bid me go to the fountaine head, and read Aristotle, Cicero, Avicenna, and did call the neoteriques s . . t breeches. He wrote a very bad hand, which with use I could pretty well read. I have heard him say, that after his booke of the Circulation of the Blood come out, he fell mightly in his practice, and 'twas believed by the vulgar, that he was crack-brained; and all the physitians were against his opinion, and envyed him; with much adoe at last in about twenty or thirty yeares time, it was received in all the universities in the world, and, as Mr. Hobbes sayes in his book, "De Corpore," he is the only man, perhaps, that ever lived to see his owne doctrine established in his life-time.

He understood Greek and Latin pretty well, but was no critique and he wrote very bad Latin. The Circuitus Sanguinis was, as I take it, donne into Latin by Sir George Ent, as also his booke de Generatione Animalium, but a little book in 12mo. against Riolan (I think) wherein he makes out his doctrine clearer, was writt by himselfe, and that, as I take it, at Oxford.

His Maj. K. Cha. I. gave him the wardenship of Merton College as a reward for his service, but the times suffered him not to receive or enjoy any benefit of it.

He was physitian and a great favourite of the Lord High Marshall of England, Tho. Howard, Earl of Arundel and Surrey, with whom he travelled as his physitian in his Ambassade to the Emperor ———, at Vienna, Ao. Dni. 163–. Mr. Hollar (who was then one of his excellencie's gentlemen) told me, that in his voyage, he would still be making of excursions into the woods, making observations of strange trees and plants, earth, &c., and sometimes like to be lost. So that my Lord Ambassador would be really angry with him, for there was not only danger of thieves, but also of wild beasts.

He was much and often troubled with the goute, and his way of cure was thus: he would then sitt with his legges bare, if it were frost, on the leads of Cockaine-house, putt them into a payle of water, till he was almost dead with cold, and betake himselfe to his stove, and so 'twas gone.

He was hott headed, and his thoughts working would many times keep him from sleeping; he told me that then his way was to rise out of his bed and walke about his chamber in his shirt, till he was pretty coole, i. e. till he began to have a horror, and then returne to his bed, and sleep very comfortably.

I remember he was wont to drink coffee, which he and his brother Eliab did, before coffee-houses were in fashion in London.

All his profession would allow him to be an excellent anatomist, but I never heard any that admired his therapeutique way. I knew several practitioners in this towne (London) that would not have given 3d for one of his bills ; and that a man could hardly tell by one of his bills what he did aim at.

He did not care for chymistery, and was want to speak against them,* with undervalue.

It is now fitt, and but just, that I should endeavour to undeceive the world in a scandall, that I find strongly runnes of him, wch. I have mett amongst some learned young men : viz. that he made himselfe away, to putt himselfe out of his paine, by opium ; not but that, had he laboured under great paines, he had been readie enough to have done it, I doe not deny, that it was not according to his principles upon certain occasions to ———, but the manner of his dyeing was really and bonâ fide thus : viz. the morning of his death, about ten o'clock, he went to speake, and found he had the dead palsey in his tongue, then he sawe what was to become of him, he knew there was then no hopes for his recovery, so presently sends for his young nephews to come up to him, to whom he gives one his watch,† to another another remembrance, &c., made sign to —— Shambroke, his apothecary, in Blackfryars, to lett him blood on the tongue, which did little or no good, and so he ended his dayes. His practice was not very great towards his latter end, he declined it, unless to a speciall friend,—e. g. my Lady Howland, who had a cancer in her breast, which he did cut off and seared, but at last she dyed of it.

He rode on horseback with a foot-cloth to visitt his patients, his man following on foot, as the fashion was then, wch. was very decent, now quite discontinued. The judges rode also with their foot-cloathes to Westminister hall, wch. ended at the death of Sir Rob. Hyde, Lord Ch. Justice. Anth. E. of Shaft. would have revived [it,] but several of the judges being old and ill-horsemen, would not agree to it. The scandal aforesaid is from Sir Charles Scarborough's sayings that he had, towards his latter end, a preparation of opium, and I know not what, which he kept in his study to take, if occasion should serve, to putt him out of his paine, and which Sir Charles promised to give him : this I believe to be true ; but do not at all believe that he really did give it him. The palsey did give him an easie passport.—*Electic Repertory*, vol. vi. p. 107–113.—*N. Y. Med. and Surg Journal.*

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* Sic Edit.

† 'Twas a minute watch wth. wch. he made his experiments.

Art. III.—*Medical News and Items.*

The recent reports of medical matters abroad present only a mediocre interest. The importation of typhus fever by the troops returning from the Crimea, has awakened general alarm, and affords a theme for numerous articles in the journals. The Raccoglitore Medico di Fano, of April 17th, states that two steamers had arrived at Genoa with numerous cases of fever on board, and that the Sardinian government had given orders that 3000 beds should be prepared at Varignana, near by, for the reception of patients. The Union Medicale, May 24th, announces that the French *comite d' hygiene*, or board of health, has taken measures to prevent the dissemination of the pestilence by retarding the return of the eastern army, breaking up the troops in small detachments, and garrisoning them in insulated healthy localities. It is hoped that these and other hygienic precautions will stay the progress of the epidemic. Large hospitals have nevertheless been established at Marseilles, Toulon and St. Mandrien. According to the Gazette Medicale of May 3d, nearly forty military surgeons, who had passed safely through the perils of the war in Russia, have succumbed to the fever. Six English physicians and a numerous body of students left Marseilles for the east, early in April, to aid in the care of the sick. The Moniteur publishes a letter to the emperor from Gen. Espinasse, dated April 21st, which represents the epidemic as declining, and gives a favorable picture of the good order and management of the hospitals at Constantinople.

From Paris, we read of the death of two most useful men. Vidal, the author of a treatise on surgery, than which there is none in any language that better represents the existing state of that science, died on the 15th of April. Sandras, physician at Hotel Dieu, and the author of a most important and complete work on nervous diseases, died within a few days of his colleague. Both of them were cut down in their prime.

At the Faculty of Medicine, old Dumeril has resigned the summer course on practical medicine into the competent hands of Henry Roger, one of the accessory professors or *aggreges,* who is favorably known in this country as the author, in conjunction with Barth, of a standard work on auscultation.

At the Institute, Jobert has been elected to the section of medicine and surgery, in the place vacated by the death of Magendie. The section, through its dean, M. Serres, reported the names of

Cruveilhier and Longet among the medical candidates, Jobert and Guerin among the surgical candidates, and recommended the election of one of the physicians. After a sharp contest, Jobert was elected by one majority over Longet, and was proclaimed a member of the Academy of Sciences. At a recent meeting, Elie de Beaumont, the successor of Arago in the secretaryship, read a letter from Dr. Chas. T. Jackson, of Boston, describing an analysis of the blood of a patient killed by chloroform, which demonstrated the presence of formic acid in the decomposed blood, whereat the Archives Generales observes that "such an analysis may gratify the curiosity of chemists, but is of precious little consequence to surgeons." A communication was also received from Dr. Knapp, of Cincinnati, "on puerperal anæmia," with an announcement of that author's intention to become a competitor for the Breant legacy of 100,000 francs for the discovery of the cause of cholera or its specific cure

Dr. Brown-Sequard is assailing M. Longet's theory of the transmission of sensitive impressions, in a series of erudite and most voluminous memoirs, published in the Gazette Medicale.

At the Academy of Medicine, the ophthalmiæ and their treatment (?) by "occlusion," or closure of the lids, have had the honor of a long discussion. A report of a case of ovarian dropsy treated by detersive and iodized injections by Dr. Barth, presents some features of interest to which we shall advert elsewhere. The mechanicians have designed the academy with Desmarre's new ophthalmoscope (of polished steel,) Robiquet's sacharimeter or "diabetometer," and various apparatus for the therapeutical application of electricity on which M. Bouvier has made a report, in obedience to an enquiry from the minister. The report states that the galvano-thermo-electric apparatus of Beckelsteiner is worthless ; that E. Bernard's volta-faradic machine is as good, and, at the same time cheaper, more portable, and less complicated than many similar machines ; that the galvano-electric machine of Legendre and Morin is admirably contrived, and without involving any new invention precisely, has the merit of combining in a small compass the various modes of applying inductive electricity, and that it suffices for all ordinary purposes for which electricity is employed as a therapeutical agent ; lastly, that the utility of the galvanic belts and mixtures of the brothers Breton remains to be proved. These opinions will interest our importers of instruments. At the meeting of April 15th, a remarkable communication from Dr. Bernard of Apt, was read, in which an account was given of sixty cases of difficult labor, in which the forceps were used, the instrument being introduced without unmounting the blades. This physician advises that the forceps should invariably be used without separating the blades. M. Legala's reports on two cases of lithotomy practiced by Dr. Catheodory, surgeon to the sultan, in which that gentleman modified the bilateral operation of Dupuytren by making a third incision in the prostate, in a direction downward, in order to extract calculi of extraordinary dimensions. M. Blache reports on a memoir of Dr. Ribard, "on the abortive treatment of typhoid fever by quinine," that the results of the medication are far from sanctioning the expression *abortive treatment* employed by the author.—*Virginia Stethoscope.*

ART. IV.—*Rules for Restoring the Drowned.—Drawn up by* DR. MARSHALL HALL, M. D., F. R. S.

The following rules are the *result* of half a year's investigation of Apnœa and Asphyxia—a subject which I propose to prosecute still further, knowing that truth only comes from long continued labor and research. I wish especially to put to the test of careful experiment, the correctness of the dogma, that if the heart has once ceased to beat, its action can never be restored—a dogma calculated to paralyze our efforts in many cases in which hope may really not be *totally* extinct:

1. Treat the patient instantly, on the spot, in the open air, except in severe weather, freely exposing the face, neck and chest to the breeze.

2. Send with all speed for medical aid, and for articles of clothing, blankets, &c.

3. Place the patient gently on the face, with one arm under the forehead, so that any fluids may flow from the throat and mouth; and, without loss of time,—

I.—*To Excite Respiration,*—

4. Turn the patient on his side, and
   (i.) Apply snuff or other irritant to the nostrils.
   (ii.) Dash cold water on the face previously rubbed briskly until it is warm.

If there be no success, again lose no time; but,—

II.—*To Imitate Respiration,*—

5. Replace the patient on his face; (when the tongue then will fall forward and leave the entrance into the windpipe free;) then,—

6. Turn the body gently but completely *on the side and a little beyond* (when inspiration will occur,) and then on the face, making gentle pressure along the back, (when expiration will take place,) alternately; these measures must be repeated deliberately, efficiently, and perseveringly, fifteen times in the minute, only; meanwhile,—

III.—*To Induce Circulation and Warmth,*—

continuing these measures,—

7. Rub the limbs upwards, with firm pressure and with energy, using handkerchiefs, &c., for towels.

8. Replace the patient's wet clothing by such other clothing as can be instantly procured, each bystander supplying a coat, waistcoat, &c.

These rules are founded on physiology; and, whilst they comprise all that can be immediately done for the patient, exclude all apparatus, galvanism, the warm bath, &c., as useless, not to say injurious, especially the last of these; and all loss of time in removal, &c.; as fatal.—*London Lancet.*

V.—*The Laws of Epidmis.*

Dr. Bell Salter, at the twenty-fourth anniversary meeting of the Provincial Medical and Surgical Association, read the address in medicine, which was a summary of our present knowledge of the laws of epidmis. He said that the lower animals and plants were subject to epidemic diseases, some of which had been found consentaneous with others prevailing amongst mankind. Wild birds were often known to be scarce or absent from places where human epidemics prevailed; and their return was a sign that the intensity of the disease had diminished. Flies are often few at periods of epidemics, though at other times the presence of large numbers of insects is coincident with the disease; and the multitude of some, as locusts, is an active cause of certain maladies. The speaker proceeded to classify epidemic diseases, and indicated the years of some of their most serious attacks. Of the older epidemics, the plague and the yellow fever were the principal ones remaining; but the former, for the most part, ever since the fearful plague of London, in 1665, had been confined to parts of Asia and Africa, bordering the Mediterranean. Amongst epidemics mentioned in history, but now extinct, (?) is the sweating sickness, which, in some cases, had been known to carry off the patient in two hours: it first appeared in Europe, in 1484; then prevailed from 1517 to 1528; and was last known in England in 1550; but in Denmark and Sweden, it had prevailed so late of 1710. The black-death, which first appeared in 1348, had, like cholera, arisen in the east, and spread westward; it appeared to have been a modification of plague in conjunction with pneumonia. Leprosy and cholera were epidemics of the thirteenth and fourteenth centuries; and the latter (like some manifestations which have within the last few years been observed in Germany and Sweden) had apparently a mental origin. Irregularity of the seasons had always attended the outbreak of an epidemic; and an extreme paucity of house flies had been noticed during the attacks of cholera in 1832 and 1849. The history of an epidemic outbreak was next described; and it was remarked that the localities in which the first cases had appeared were those where the heaviest amount of mortality had been present to the last. The mortality from modern epidemics is however trifling, as compared with that caused by the old ones. Of these attacks by the sweating sickness, only one or two per cent. were accustomed to survive. Epidemics were then classified into local, latitudinal, and mundane. Amongst many other subjects, Dr. Bell Salter drew attention to the report of the Board of Health on Cholera, and the proofs furnished by it that the production of that disease was intimately connected with impurities in the water supply; that little electricity had been manifested, and a total absence of ozone from the atmosphere during attacks of cholera; that the zymotic doctrine is more applicable to cholera than has been yet recognised; that epidemics are not affected by regulations of quarantine; and that intervals free from severe epidemics were the proper periods for making and carrying out arrangements to prevent them, which in times of pestilence are fraught with danger. He remarked that tontines have proved the value of human life to be one-fourth greater than in the century before the time of Pitt; that medical science had done much to contribute to this result; and that the more we were enabled to check the progress of minor epidemics, the less was the liability to others of a more severe description.—*London Lancet.*

Art. VI.—"*Hereditary Influence, Animal and Human.*"

In Littell's *Living Age* for October 3d, 1856, we find an elaborate article, with the above caption, taken from the *Westminster Review.* The writer examines the subject in most of its aspects, and with reference to two publications lately issued in England and France, and to another bearing the date 1828, at Paris. The whole paper will greatly interest the physiologist and the medical philosopher; we have space only for a cursory allusion to one or two points always acknowledged to be of the highest importance to the welfare of the human race, and about which much has been written and a great deal remains to be understood and discovered.

The writer in the *Review* well remarks, in opening his subject—"The problem of hereditary transmission, physical and moral, although one of the most interesting of physiological problems, is also one of the most baffling. In spite of its obscurity it fascinates the inquirer; perhaps with all the greater force because of its obscurity— * * * * * —."

To the momentous question of hereditary *insanity*, the last two or three pages of the review are devoted. The fact of transmission is, of course, acknowledged, and two remarkable instances are cited, from the most reliable authorities, to show the fact of periodical recurrence, and the occasional strong resemblance in the nature of the attacks. Esquirol furnishes an example: "A lady, in her twenty-fifth year, went out of her mind after her accouchement; her daughter was afflicted in the same way, at the same age, and under the same circumstances." The other case is related by Moreau, and is that "of a man who, greatly agitated by the events of the French Revolution, shut himself up in one room, from which he never stirred during ten years; his daughter, on reaching the age at which he was attacked, fell into the same state, and could not be made to quit her apartment." These are striking instances. It may be remarked that the latter, particularly, would have been more so if the second subject of the affection had been a son instead of a daughter; the effect of so peculiar and long-continued self-imprisonment would be more likely to impress the female than the male organism, and possibly to call to its aid the hysterical influence more inherent in the former than in the latter.

The reviewer goes on to broach a very important subject—that of the propriety of contracting marriage when either party exhibits signs of insanity, or has the misfortune to spring from a tainted stock. While he seems fully alive to the "awful responsibility" attaching to parents or guardians who are called upon to decide whether or not an alliance shall be formed under such circumstances, he seems inclined to allow more freedom than we have been accustomed to think safe or wise. It is true that, nearly always, parental or friendly influence is of but very limited avail, as the old couplet implies,—

> "When love gets into the youthful brain,
> Discretion is useless and caution vain!"

but we believe that duty imperatively calls for caution, and let us hope that it is not always in vain. If young persons would only be willing, under judicious advice, to balance probabilities (for, with the reviewer, we acknowledge it is not *certain* that either insanity, scrofula or consumption will be transmitted to offspring by affected parents,) they will hesitate before they render their children liable, even, to a terrible inheritance, and one which they, in their turn, may, nay, frequently must, communicate, more or less directly, to those who come after them in the bonds of consanguinity. The writer whose paper affords us the opportunity for these remarks, while he allows (what indeed he cannot ignore) that at some time insanity will suddenly break out, through the influence of transmission, in a family, is yet disinclined to advise the endeavor, even, to frustrate alliances which would involve all the requisite elements of such a result. He even says, "we frankly confess that we should hesitate before pronouncing against marriage, even when one of the lovers had already exhibited unequivocal signs of insanity or consumption. Nor is this said from any love of paradox; it is quite serious, as the reader will admit, when he considers that the probability of transmission to children is very *uncertain,* and is entirely dependent on the other parent" (that is, on the diseased parent.) Now we believe that there are few who would not, if called upon to "pronounce" an opinion in these cases, decidedly advise against such union. It is one thing to advise, and another to compel; but what should we think of parents or guardians who deliberately countenanced marriage under the circumstances designated? The question is best answered by bringing it home, each one to himself, should we be indifferent to these risks ourselves, or for those to whom we are related? Every one must know of instances, for they are not rare, in which the most disastrous results have followed marriages contracted under palpable evidence of likelihood of an hereditary transmission of insanity or of physical disease. For ourselves, we are cognizant of several such cases. What, we would ask, do the advocates of such marriages offer as equivalents for the evils induced? To talk of thwarted affection, &c., is all very well; this is painful, but far less so than the woful results which may, at least, be expected. Should not, then, the influence of calm and well-informed advisers be rather against, than in favor of, these alliances? We think so, and consequently cannot join the reviewer in his opinion upon this mooted question. Nothing, as it seems to us, can be more shocking than to aid and abet marriage between two individuals, *liable*, to say the least, to propagate a terrible mental or physical disease. The question may rest upon an uncertain foundation, but no matter whether it be only what he terms one of "organic combination," or even if it make marriage a greater "rarity," we still hold it the duty of all, but particularly of medical men, to discourage the incurring a risk alike fearful to the chief actors, and to those who may derive their existence from them.

The writer of the review suggests, in a foot note, that "Dr. Forbes Winslow might take up this topic in his valuable Journal of Psychological Medicine with good effect." We think so too, but venture to say that he would differ, in many points, from the positions we have referred to.—*Boston Med. & Surg. Journal.*

ART. VII.—*Letter from Prof. Geo. C. Blackman.*

BURNET HOUSE, Aug. 4, 1856.

MR. EDITOR:—Since the appearance of the last number of the Lancet, you have assisted me in two operations which for several reasons are worthy of record. I believe with Wiseman, the father of British surgery, that it is the duty of every surgeon to publish his unsuccessful as well as his successful cases. "For my part," he says in his preface, "I have done it faithfully, and thought it no disgrace to let the world see where I failed of success," which failures, he adds, "have attended all my brethren as well as myself, and will attend thee, also reader, in spite of all thy care and diligence, if thou undertake the employment." The date of this preface was May, 1676 (*vide Chirurgical Treatises,*) and after briefly detailing the cases which have occurred in my practice, I propose to determine to what extent the predictions of the "Parê of England" have been verified, as regards the treatment of *old* dislocations of the shoulder.

About the 10th ult., aided by yourself, I succeeded in reducing by manipulation, without the pulleys, a dislocation into the axilla of 80 days' standing. The reduction was accomplished in a very few minutes, under the influence of chloroform and ether, and the next morning the patient left for the country, in a comfortable condition Since that I have received no tidings from him. Encouraged by the result in this case, another patient, himself a physician, a tall athletic man, and about 50 years of age, decided to submit to the same manipulation, although his arm had been dislocated for about sixteen weeks. The dislocation was downward and inward, and about the 10th week an unsuccessful attempt, by another surgeon, had been made with the pulleys, to which the force of six men was applied for two and a half hours. The patient being under the influence of chloroform and ether, aided by yourself, Drs. Fries, Cary, Graham and Kauffman, I commenced my manipulations, adducing, rotating, abducting and elevating the arm. These efforts had been made for about ten minutes, and the least possible violence employed, when a tumefaction appeared in the pectoral region, which in a few minutes attained considerable size. Supposing that the axillary artery was ruptured, as no pulse could be felt at the wrist, a ligature was immediately applied to the vessel at the upper part of its course. The operation was performed about 10 o'clock, a, m., and compression of the pectoral region, made by means of a sponge and broad roller. On removing this the next morning, the tumefaction had nearly disappeared. The patient continued comfortable, and about nine days after the application of the ligature, I was compelled to leave the city on a professional visit to Indiana. I left on Friday afternoon and returned on Monday morning, at which time I learned that my patient had died on Sunday morning from hemorrhage at the seat of ligature. Two physicians, his most intimate friends, lodged in the same house with him, but before they reached his bedside the quantity of blood lost was so great that he sank exhausted in about 2 hours from the first and *only* attack of hemorrhage. Previous to my departure for Indiana, I had suggested to the physicians in charge, the importance of having compressed sponge at hand, to be used in any emergency of the kind, but this was not used by the attendant; instead of applying pressure instantaneously, he went in search of the physicians, who at that early hour in the morning, were in bed. The time thus lost, unquestionably led to the fatal catastrophe.

I might refer you to numerous instances of success in the reduction of old dislocations—from two to six months standing—which have occurred since the days of Wiseman, but I propose to notice only the accidents by which some of these attempts have occasionally been followed. One of the earliest recorded, so far as we have been able to learn, is the case reported by Desault in the *Journal de Chirury*, t. 4, p, 301.

During the effort of this surgeon to reduce an old dislocation, suddenly a considerable "*tumeur aerienne*" appeared below the clavicle, which Desault attributed to the "*degagemen de l'air amasse entre les cellules rompues du tissu cellulaire!*" In a few days this tumor entirely subsided under the influence of "*astringens et une compression methodique.*" Whether it was the result of a disengagement of air from the lacerated cells of the cellular membrane, as supposed by Desault, or of a rupture of blood vessels, we leave the reader to determine.

It is somewhat singular that Desault should have met with two cases of this extraordinary phenomenon. Pelletan's explanation in our opinion, throws some light on this subject. In an attempt to reduce a luxation of four months standing, the same kind of "*tumeur aerienne*" appeared. It was opened, and the hemorrhage from the torn artery was fatal. (*Clin. Chirurg.*, t. ii., p. 95.)

Malgaigne states that he is acquainted but with a single instance of an "emphyseme veritable" following a reduction, and that is the one reported by Flaubert, in his *Men. sur. plus cas de luxations dans lesquels les efforts pour la reduction ont ete suivis d' accidents graves;* which appeared in the *Reportoire d' anat. et de phys.*, 1827, The patient, a female, æt. 70, screamed violently during the operation, and Malgaigne is disposed to believe that the emphysema was independent of the luxation, or the reduction. (*Traite des Tract. et des Luxations*, tom. ii., p. 147.)

Malgaigne, himself, attempted reduction in a case of sixty-eight days' standing, but was forced to discontinue his efforts in consequence of the sudden appearance of a tumefaction in the axilla, and on the shoulder. Ice was applied, and in the course of a few hours the swelling was arrested, and by the twenty-second day, the blood, which he thinks came from ruptured muscular branches, was completely absorbed, (*op. cit.* page 150.)

A case occurred to Flaubert, in which, besides the tumefaction, the pulse could not be felt at the wrist. The hand was cold, insensible and immovable. The next day, however, the pulse returned to the wrist, and in the course of twenty-six days the effused blood was absorbed. Froriep lost a patient from a rupture of the axillary vein, which proved fatal in an hour and a half after the operation, (op. cit. p. 151.) The reader may find in the comprehensive treatise of Malgaigne, details of cases in which the axillary artery was ruptured. We pass over those observed by Verduc, Petit, Platmer, Delpech, and that referred to by Sir Charles Bell, in his Operative Surgery. The late Dr. John C. Warren tied the subclavian to arrest the progress of an enormous aneurismal tumor in the axilla, the result of the reduction of a recent dislocation, and of supposed pressure of the operator's boot. In this instance the coats of the artery were so contused that sloughing took place during a fit of coughing, five days after the accident—(*Amer. Jour. Med. Sciences.* vol. xi, N. S., 1846.) In 1825, M. Loudet lost a patient at the hospital in Rouen. The dislocation was of only eleven days standing, and was complicated with a fracture of the margin of the glenoid cavity, as in the two fatal cases which occurred in the practice of Prof. Gibson of Philadelphia. The latter cases are too familiar to every surgical student to require particular mention in this place. Prof. Gibson, in connection with the report of the above cases, gives briefly the details of a fatal operation by David, of Rouen. The luxation had existed several months, and great force was employed in the reduction. This resulted in an inflammation, mortification and death. Some years since, Lisfranc attempted the reduction in a case of four months standing. He succeeded ; but on visiting the patient an hour afterwards he was found dead. His death was attributed to cerebral congestion, as the autopsy showed the axillary artery, veins and nerves uninjured—Vid. *Bul. de la Soc. de Chirurg. de Paris,* Tom. Prem., p. 718.) In the same volume MM. Lenoir, and Larrey, refer to cases in which they had met with lesion of the brachial plexus, giving rise to paralysis, and yet these were recent cases, and the reduction was most readily accomplished. But I will not multiply cases of this kind ; those already related will suffice, in the minds of many, to answer the question—At what period of time after a dislocation of the shoulder, is an attempt at reduction justifiable? When Prof. Gibson lost his first patient, he wrote that "should a case, similar in external appearance to that of James Scofield again occur, I shall feel justified in adopting a similar course"—(*Gibson's Surgery,* vol. 1, p. 824, 4th ed.) When he had lost his second patient (John Langton,) he expressed his views as follows, "The conclusions which I am now prepared to draw, are directly the reverse of what I have stated in some of the foregoing pages; I am now disposed to condemn, in the most unqualified terms, all attempts at the restoration of ancient luxations of the humerus and other bones—except in cases where the patient is remarkably thin and debilitated, and where there has been little or no inflammation at the time or subsequent to the displacement."—(*Op. Cit.* p. 351.) At a meeting of the *Societie de Chirurgie* of Paris, July 3, 1850, M. Maisonneuve reported a case in which, after M. Velpeau had failed, he succeeded in reducing a luxation of the shoulder of 12 weeks standing, and elated with this triumph over the veteran of La Charite, he asserts there are but few cases in which, with the aid of chloroform, we may not succeed. "*Quelles resistances y a-t-il a vaincre ici, en effet?*" He asks, "*Il n'y a presque pas d'engrenage; les muscles sont nentralises par le chloroforme; il ne reste donc que des adherences fibreuses: l'on pourra presque toujours les surnonter les rompre.*"—(*Bul. de Soc. de Chir.* t. i. p. 716.) But these fibrous adhesions are not the only obstacles to overcome; where the tissues surrounding the head have become consolidated by inflammation, the axillary vessels and nerves must be in danger of laceration. Perhaps, however, as M. Maisonneuve suggests, this accident may be avoided by "*extensions preparatoires,*" as in the attempts to restore contracted limbs to the natural shape.

GEO. C. BLACKMAN,
Western Lancet.

ART. VIII.—*The Sydenham Society of London.*

List of the Society's works, of which copies are still on hand, and from which new members, subscribing for the current year, may make a selection, on payment of an additional five dollars for any three volumes, with the exception of those to which an asterisk is affixed, or any other single volume, may be had for $2.50 per volume.

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RICHARD J. DUNGLISON, M.D.,
Hon. Local Secretary for Philadelphia.

Art. IX.—*Summary of the Principal Facts and Conclusions on the Physiology of the Spinal Cord.* By Brown-Sequard, M.D. (Written in defence of his position as the original discoverer of the facts contained in his Prize Essay, to which the French Academy of Sciences awarded the prize for 1855.)

Paris, August 1st, 1856.

To the Editor of the Charleston Medical Journal and Review:

Sir:—Will you be so kind as to insert the following lines in the next number of your excellent periodical? You have been very severe upon me, but I have no doubt, from what I hear about you, that as soon as you will know how ill-founded was your severity, you will do all in your power to repair the injustice you have done me.

In your number of May last you say: "In reference to articles published by Dr. Dowler twelve years ago, we find that he has been inexcusably and unjustly defrauded of his right as the original discoverer of the very functions of the spinal cord to which M. Brown-Séquard now lays claim."—*Charleston Medical Journal and Review, May,* 1856, p. 402.

Had you been acquainted with my researches, you would have spoken quite otherwise. You would have known: 1st. That the facts I believe I have discovered, are not only different from those Dr. Dowler thinks he has discovered, but in complete opposition with them. 2d. That the theories I have arrived at are entirely different from, and in radical opposition with the theory proposed by Dr. Dowler.

Here is a short summary of the principal facts and conclusions contained in my prize essay. For the details I will refer you, and those of your readers interested in the subject, to my papers, published in the following medical journals: The Virginia Med. & Surg. Journal, Nos. 3 and 4, 1855, p. 177 and 283; Gaz. hebd. de Med., Nos. 31 and 36, 1855; Gaz. Med. de Paris, 1855, p. 489, 564, 573, 593; 1856, p. 238, 252, 342; London Med. Times & Gaz., April and May, 1856, p. 407 and 432.

Among the facts I have discovered, the following are the most interesting;

1st. A transversal section of either the two posterior columns of the spinal cord, instead of diminishing or destroying sensibility, is followed by a notable increase of sensibility in almost all the parts of the body which are behind the section.

2d. All the parts of the encephalon which are situated in the posterior or superior side of this nervous centre resemble the posterior columns of the spinal marrow in this respect—that a state of hyperæthesia always follows a transverse section upon any of them.

3d. After a complete transversal section of the whole spinal cord, except the posterior columns, the transmission of sensitive impressions, from almost all the parts behind the section, does not take place.

4th. A longitudinal section of the lumbar enlargement of the spinal cord, separating it in two lateral halves, although it does not injure the posterior columns, destroys sensibility in the two posterior limbs.

5th. The gray matter of the spinal cord seems to be deprived of sensibility, although it is a conductor of sensitive impressions.

6th. If the whole spinal cord is left undivided, while the central gray matter, and a good part of the posterior cornua are divided transversely, sensibility is lost almost entirely behind the section.

These are some of the principal facts I have found and shown to various learned Societies, and to large classes of Physicians, both in our country and in Europe. It seems to me useless to insist upon the opposition which exists between these facts and the results of Dr. Dowler's experiments. But I must point out that if the theory of Dr. Dowler had been true, the facts above related (at least Nos. 3, 4, 5 and 6,) would have been entirely different from what they have been. In other words I ought to have found sensibility existing and not missing, as I have ascertained a thousand times that it is.

Now, as to my conclusions, here are some of them. You will see how widely they differ from Dr. Dowler's conclusions:

1st. There are two kinds of sensitive fibres in the posterior columns, (these columns are the only sensitive parts of the cord,) some going up towards the encephalon, (*centripetal, or ascending fibres,*) some going in the opposite direction (*centrifugal or descending fibres.*)

2d. There are also ascending and descending fibres in the posterior gray cornua, and the lateral columns, but these fibres, although able to transmit sensitive impressions, are deprived of sensibility.

3d. The ascending and descending fibres of the posterior columns, and also of the gray cornua, and very likely those of the posterior parts of the lateral columns, come mostly from the posterior roots of the spinal nerves.

4th. The ascending and descending fibres which have passed from the posterior roots into the posterior columns, the gray cornua, and very likely also in the lateral columns, soon leave these parts to go into the central gray matter.

5th. The ascending and descending fibres coming from the posterior roots, decussate in the spinal cord, and they make their decussation, in a great measure, very near their place of entrance into this organ. This conclusion is proved, not only by experiments, but by many pathological cases observed in man.

6th. The transmission of sensitive impressions through the spinal cord towards the encephalon, takes place in some definite directions, and not, as many German physiologists have thought, in almost every direction.

7th. There are some transversal fibres in the spinal cord, coming from the posterior roots, which do not seem to transmit sensitive impressions.

8th. The part through which sensitive impressions are in the last place transmitted to the sensorium (in the encephalon,) is the gray matter, and particularly that of the centre of the cord.

I believe it is not necessary to enter into any detail to show the opposition between these conclusions and the theory of Dr. Dowler. All these conclusions point out the peculiar channel of the sensitive fibres and of the sensitive impressions through and along the spinal cord, towards the encephalon, and therefore they are in direct opposition with the views of Dr. Dowler, who admits that almost every part of the body is endowed with sensibility, and who thinks that the white or the gray matter of the spinal cord and its posterior, anterior, and lateral columns, are all alike as regards sensibility.

I will only add that my experiments perfectly agree with the views of almost all the living physiologists, respecting the seat of the sensorium. I find this seat to be in the encephalon, and not disseminated almost every where, as Dr. Dowler thinks. As to the spianl cord, I believe my experiments show that it is a mere leader, not as Dr. Dowler thinks, one of the numerous seats of voluntary power and of a diffused sensorium. And now, if a prize has been awarded to me, it is not for my having given any confirmation to the theory of Dr. Dowler, but on the contrary, to have adduced facts and proposed theories in radical opposition with it.

In finishing your article of May last, you say: "The medical editors of this country are called upon to contest the claims of the *European*, and assert the right of priority of discovery for the American physiologist." I was not born in Europe, and I am not in any way a European. I am an American citizen, not by naturalization, as you might think, but by right of birth, according to the United States law, that wherever a man is born, if he is the son of an American, he is himself an American. I might add, that my father's family, in the last century, settled in your own State, in New York, and in Philadelphia, and my father, who was born in Philadelphia, served several years, when young, in the United States Navy, as a Midshipman.

I may therefore—and I am proud to be able to do so—call myself,
Your countryman,
ED. BROWN-SEQUARD, M. D.

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

New Remedies, with Formula for their Preparation and Administration. By Robley Dunglison, M. D., L. L. D., Prof. of the Institutes of Medicine in Jefferson Medical College, Philadelphia, &c., etc. Seventh edition, with numerous additions: Philadelphia: Blanchard & Lea, 1856, pp. 749.

As stated, this is the *seventh* edition that it seems has been called for. Since the publication of the last, the author has endeavored to collect every thing of moment, so as to present to student or practitioner the pioneering which has taken place in the use of drugs, appliances, etc. The present volume contains a number of articles that had not a place in it heretofore. Besides, articles treated of in former editions will be found to have been expounded or contracted as seemed to be required by the progress of information.

On no subject is it more difficult to write than on the effects of remedies. What we have on this department is the result of what is called "observation." To our minds, the process couched under this term involves qualifications and circumstances by no means present in a vast majority of the instances in which it is exercised. No one should be expected to observe well who is not thoroughly acquainted with anatomy, physiology, pathology, materia medica, in short, with all the departments of Medical science. Then, again, there are certain traits of character indispensable, and without which observation is of but little force. Here, more than in any other department, a mind is wanted that has been trained in tracing the relation between appearances and realities — between causes and effects. How much have we had proposed for public confidence, in all ages, having nothing more for its support than a *non causa pro-causa,* or some other sophism. We have only to look back over the records of the profession in order to see this remark verified. Hundreds of articles, simple and compound, that formerly had character, have been expunged, and the word "*useless,*" written over them. A great number, too, have been retained, year after year, when there was a general consciousness, not merely of their want of efficacy in the diseases or forms of disease for which they were recommended, but a belief that they were inert. Ostracism, indeed, has not kept pace with knowledge.

There seems to have been, and is now, an indisposition to the proper and prompt exercise of the pruning-knife. See how long many of the old polypharmacal preparations have been retained in systematic treatises, when their combinations could be vindicated upon no principle whatever. It is only a few years since the *Theriac* of *Audaomacleus,* a modification of the *Antidotum Mithridatum* was dismissed from the British pharmacopœias. It was a farrago, consisting of seventy-two articles. Still later, if French journals may be credited, Ricord, in the treatment of a case of Blennorhagic epididymitis, recommends compression to be made by means of the "plaster of Vigo." Into the composition of this plaster *living frogs* and *living earth worms* enter with various inert herbs, turpentine, olibanum, liquid storax, etc.—all melted together.

Fortunately, a better state of things is about to be inaugurated. We are beginning to learn to credit observations only after they have come to us through the proper channel. "It is now felt," to employ the language of a distinguished surgeon, Liston—"that the greatest number of well-assorted facts on a particular subject constitute experience, whether these facts have been culled in five years or in fifty."

The author states that it has been his aim to furnish in the volume before us, exact reference to works in which further information may be obtained. He has likewise added the results of his own experience in public and in private. In short, his motto has been *prodesse quam conspici.*

The Dissectors' Manual of Practical and Surgical Anatomy. By Erasmus Wilson, F. R. S., author of "A System of Human Anatomy," etc. The third American, from the last revised London edition, illustrated with one hundred and fifty-four wood engravings: Edited by Wm. Hunt, M. D., Demonstrator of Anatomy in the University of Pennsylvania: Philadelphia, Blanchard & Lea. [For sale by Riley & Co.]

The above is a *new* edition of this popular manual, and will, as it deserves, meet with a ready sale.

Practical Anatomy, a New Arrangement of the London Dissector, with Numerous Modifications and Additions, containing a concise description of the Muscles, Blood-Vessels, Nerves, Viscera and Ligaments of the Human Body, as they appear in Dissection, with illustrations. By Haynes Agnew, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia (Blockley) Hospital: Philadelphia, J. B. Lippincott & Co. [For sale in this city.]

A slight inspection of this little book induces us to believe that the editor, in his "New Arrangement" of the London Dissector, has hit upon one that will be very useful and acceptable to the student.

Books on anatomy, although the subject is one that lies at the very foundation of an education, are not being multiplied in proportion to those on other subjects. It may be said that one good treatise is all that is necessary, for the day of discovering is over, and the matter undergoes but little if any change. All this, if true, which it is not, does not supercede the necessity of getting up a new work to simplify discriptions and improve diagrams. We want a model work, which besides giving all that is known of Human Anatomy; will present also an outline of the anatomy of *inferior animals.* Somebody has said that all animals were made on the same plan, the variations being only such as to adapt each to the sphere in which it was destined to move. Any one possessing one idea of the subject of Zoology, will at once see the truth of the remark. A work, therefore, on anatomy must be very imperfect if confined to the anatomy of a single class or order of animals. To be philosophical, it should begin with the simplest form and proceed to the most complex, and for such a work properly fixed up with illustrations there is room.

Human Physiology. By Robley Dunglison, M. D., L. L. D., Prof. of the Institutes of Medicine in Jefferson Medical College, Philadelphia, Vice President of the American Philosophical Society, etc., etc.; with Five Hundred and Twenty-two Illustrations. Eighth Edition, revised, modified and enlarged. In Two Volumes; 1856. Philadelphia: Blanchard & Lea. [For sale by Riley & Co.]

It is unnecessary for us to do anything more than to state that the demand for another edition of the above work has given occasion to a thorough revision of it by the author; the present being the eighth edition.

In no department of medicine have there been, of late, so many who were willing and eager to investigate as in Physiology. As a consequence, the profession have had a shower of books, all tending more or less, by the detail of observations and experiments and by the arrangements of the inferences derived from them into systematic treatises, to enrich the science. Since the former edition of the work before us, many modifications of fact and inference have taken place. With reference to these, the author has expressed and recorded his views. Especially has he endeavored to note the phenomena that have presented themselves to the most accurate observer. The former editions of this work were a kind of encyclopædia of the opinions and reasonings of the ancient fathers. These the author has been very sensible to retain in the present edition. On the great subject of anthropology our predecessors entertained, of course, some views that were chimerical, but some also that so far as we know are correct. Keeping up therefore a record of the history of the science is not only very useful, but a simple act of justice to those who have labored to perfect it.

The author has inserted in the present edition the results of the labors of recent histologists, especially those applicable to physiology.

Revised, modified and *enlarged* as it is, this work has also merit in its *arrangement,* and in being written in a very perspicuous style.

A Treatise on the Practice of Surgery. By HENRY H. SMITH, M. D., Prof. of the Principles and Practice of Surgery in the University of Pennsylvania; Consulting Surgeon to St. Joseph's Hospital, Philadelphia, and author of a Treatise on Operative Surgery, etc., etc. Illustrated by Two Hundred and Seventy-four Engravings on Wood. Philadelphia: J. B. Lippincott & Co. 1856. pp. 828.

This is a new work, just from the house of Lippincott & Co., and the mechanical execution is excellent.

The author states that he has prepared it as an adjuvant to his lectures on the Principles and Practice of Surgery, and he has so arranged it that while it will recall many of the opinions taught in his course, it will also facilitate the progress of the young surgeon, and prove useful to him as a work of reference. The work before us, in connection with his "Operative Surgery," the author designs to form one series on the science and art of surgery.

This being a text book, it of course differs in no essential respect from that already in the hands of the profession. The author has taken some pains to cull from the most recent sources, both as it regards Pathology and Treatment. On the former he has drawn largely from Paget, and on the latter from the various able monographs of Sir Ashley Cooper, Stanley, Lawrence, Wilde, etc. The book therefore may be regarded as a very clever digest of surgical science, as we have it at the present day.

The work is divided into six parts. Part I., Surgical Pathology and Therapeutics; Part II., Surgical Pathology of the Soft Tissues; Part III., Pathology of Abnormal Growths in the Soft Tissues; Part IV., Injuries of Soft Tissues; Part V., Injuries and Diseases of Bones; Part VI., Injuries and Diseases of Joints.

We have not space, if we even had the inclination, to review the chapters in detail. The one on *Surgical Semiology* commences the work, and one on Luxations closes it. Either of these chapters, taken as a sample, could not fail to make a good impression.

We turned to the chapter on Luxations of the Hip-joint, to see what the author had to say with reference to Reid's plan of reduction by *Manipulation*—one of the improvements of modern surgery. He adopts it as preferable, and gives a very good cut illustrating the method of its performance.

The Microscope and its Revelations. By Wm. B. Carpenter, M. D., F. R. S., F. G. S.; Examiner in Physiology and Comparative Anatomy in the University of London, Prof. of Medical Jurisprudence in University College, President of the Microscopical Society of London, etc., etc.; With an Appendix containing the application of the Microscope to Clinical Medicine, etc.; By Francis Gurney Smith, Prof. of the Institutes of Medicine in the medical department of Pennsylvania College, etc Illustrated by Four Hundred and Thirty-four Engravings on Wood. Philadelphia: Blanchard & Lea. 1856. pp. 724.

This is a *new* work from Carpenter, who has figured so much on both sides of the Atlantic in physiological inquiries. The work, as it passed from the hands of its author, did not embrace the clinical applications of the Microscope. This has been supplied in the form of an Appendix, by the American editor, which will give the work a wider range of circulation.

To all it must be very obvious that there is a growing increase in the use of the Microscope. As gratifying a laudable curiosity, of obtaining healthful recreation, or of prosecuting scientific researches, the Microscope must take a number one rank. Of its availability in medical inquiries it is unnecessary to speak. All who know anything of the present state of professional knowledge, and the points in which it will most favorably contrast with what was known in former times, see at once our indebtedness to the Microscope. It has taken the cataract out of our eyes, and thus capacitated us to enjoy the light of a new world—a world of *minutiæ.*

The existing treatises, either American or foreign on the Microscope and its uses, being almost exclusively concerned with the Microscope itself, or with some special branches of microscopic study, it occurred to the author that a work which should combine within a moderate compass the information relative to the structure of the instrument, the use of "tools," and the objects for whose minute examination it is most appropriate, was much needed, and hence the present Treatise.

The work is made up of twenty chapters: 1st, Optical Principles of the Microscope; 2d, Construction of the Microscope; 3d, Accessory Apparatus; 4th, Management of the Microscope; 5, Preparing, Manuting and Collecting Objects; 6th, Microscopic Forms of Vegetable Life—Protophytes; 7th, Microscopic Structure of Higher Cryptogamia; 8th, Microscopic Structure of Phanerogamic Plants; 9th, Microscopic Forms of Animal Life—Protozoa, Animalcules; 0th, Foraminifera, Policystina and Sponges; 11th, Zoophytes;

12th, Echinodermata; 13th, Polyzoa and compound Tunicata; 14th, Moluscous Animals generally; 15th, Annulosa, or Worms; 16th, Crustacea; 17th, Insects and Arachnida; 18th, Vertebrated Animals; 19th, Application of the Microscope to Geology; 20th, Inorganic or Mineral Kingdom—Polorizoteum. The Appendix considers the Microscope as a means of *Diagnosis,* and also embraces an account of the Microscopes of American manufacture.

With respect to the relative merits of instrument-makers, the author seems to be rather liberal. He mentions the circumstance that the continental makers, prominently among whom are Oberhauser and Nachet, have succeeded to the largest patronage both at home and abroad, but thinks it due, not to superiority of their instruments, but to their cheapness as compared with the cost of British instruments. He says, however, that a very good instrument, fitted with two eye-pieces, condenser for opaque objects, aquatic box, stage forceps, etc., is manufactured now in Britain for £7. The cost of objectives depending upon their magnifying power and upon their angular aperture. The 1½ inch costs three guineas, the 1-10 six guineas, and in this proportion for other powers.

The author states that it has been his aim to guide the possessor of a Microscope to the intelligent study of any department of natural history; and he has suggested, in the different branches, how small is the amount of actual knowledge yet acquired, compared with that which remains to be attained by the zealous and persevering student.

The author makes some good suggestions with reference to guarding the student against desultory observations, which are of no service to science and of very little to the observer.

In most of what concerns the *working* of the Microscope, the author has drawn from his own experience, which he says dates back to the time when Achromatic Object-glasses were first constructed.

We have no space, at present, for a further notice of this work. It no doubt will meet with a ready sale. To medical men, indeed, to all who have any taste for such researches, it cannot be otherwise than eminently serviceable.

Medical Jurisprudence. By ALFRED S. TAYLOR, M. D. University St. Andrews; Fellow of the Royal College of Physicians, and Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital. Fourth American, from the Fifth and improved London edition. Edited, with additions, by EDWARD HARTSHORNE, M. D., one of the Surgeons to Will's Hospital. Philadelphia: Blanchard & Lea. 1856. pp. 697.

But two years have elapsed between the publication of the fourth and fifth editions of this popular manual, yet notwithstanding, the author has added largely in amount and importance to the previous issue. Dr. Hartshorne, the American editor, has confined his labors principally to a careful revision of the text, the incorporation of the Addenda, and the introduction of occasional brief notes of cases and decisions.

The following on Homicidal Strangulation may be regarded as a sample of the work:

"*Cases.*—The following case, reported in the Annales d'Hyg., (1829, ii., 447,) presents several points of interest in relation to this form of death. It was pronounced to be a case of *suicidal* strangulation by some, and of *homicidal*, by others. A servant girl, far advanced in pregnancy, was found dead in her bed. According to the report of the surgeon who first saw her, the body was rigid, and there was a handkerchief so firmly tied around the neck, that it was with some difficulty removed. A quantity of air and sanguineous mucus escaped from the mouth and nostrils, on its removal. The body of the deceased, when first seen, was lying in a constrained position, with the face turned to the right. The knot in the handkerchief, which was tied round the neck, was on the *left side*, as it is customary to find it in left-handed people. This remark was particularly made by the surgeon, who happened to be himself left-handed. The deceased was not left handed; and there was no reason to suspect that she had intended to commit suicide. She went to bed the night before in her usual health and spirits. On examination of the body, no mark of violence was seen externally: but there were large patches of cadaverous ecchymosis scattered over the skin. There was a deep impression of a necklace on the skin of the neck, which had resulted, it was supposed, from the force with which the handkerchief had been tied. The neck appeared swollen, especially on the right side. On opening the cranium, the cerebral vessels were found much distended, especially on the right side; and on this side about half an ounce of blood was extravasated. In the mouth, the tongue projected forward between the teeth, but was uninjured by them. The contents of the thorax and abdomen presented nothing unusual; the lungs were gorged with blood, as they are generally found in the asphyxia. The examiners attributed death partly to apoplexy, and partly to interrupted respiration, in consequence of the ligature on the neck. They considered that the strangulation was not suicidal for the following reasons :

"1. The handkerchief was tied in *two knots*, and the deceased could *not* have made more than one; her sense would have failed her before she could have made a second ; or at least before she could have made it so perfect as the first.

"If she had strangled herself, the knot of the ligature would rather have been on the fore part of the neck, than on the left side.

"The position in which the body was found, the cheerful conduct of the deceased on the night before her death, and the absence of all motive to induce her to commit suicide, were facts also dwelt upon by the examiners ; but they are manifestly of less weight than the two first assigned. Strong suspicions fell upon a man with whom the deceased had cohabited. He was arrested and charged with the murder. He gave a very satisfactory account of himself, but it was clearly proved that he could not have been at the house of the deceased on the night on which her death took place. It was also shown that he was *not left-handed.* The prisoner upon the evidence was liberated. The master, in whose house the deceased lived as servant, was *left-handed ;* but there was no reason to suspect him of the crime. Other witnesses deposed that they saw no one in or near the house on the night of the supposed murder ; and in consequence of no other clue being discovered, and all means failing to find out the presumed murderer, it was ordered that the medical facts of the case should be reconsidered,

"Many were inclined to suspect that the deceased had destroyed herself, others that she had died a natural death. The College of Brunswick was appealed to by the legal authorities, to express a formal opinion from the medical facts, whether the deceased had been murdered by strangulation, or whether she had died from natural causes. The question of suicide appears to have been wholly abandoned. The College decided, that the deceased could not have died by strangulation ; because there was no ecchymosis produced on the neck by the handkerchief. They assigned apoplexy as the probable cause of death, from the extravasation of blood met with in the right hemisphere of the brain. They considered that the girl had *herself* tied the handkerchief round her neck, for the purpose of keeping herself warm, as the night on which she died was extremely cold. They admitted the probability that she might have imprudently tied the handkerchief too tightly ; a circumstance which had perhaps facilitated the congestion of the cerebral vessels and extravasation of blood.

"The opinion expressed by the College was drawn up at a time when it was universally believed that the mark of the cord, in vital strangulation, was *always* accompanied by ecchymosis; and that the non-discovery of this was a sufficient proof of strangulation after death. The error of this opinion has been already sufficiently exposed ; therefore the argument, that the deceased had not died by strangulation, falls to the ground. The reason assigned for the handkerchief being placed around the neck, appears wholly inconsistent with the facts. It is scarcely to be imagined that any individual who did not contemplate suicide, would retire to rest with a handkerchief tied in a double knot *so tightly* around the neck, as to render it very difficult to remove. It was evidently so tight that strangulation might easily have resulted from the constriction. The apoplectic appearances in the head may readily have been due to the impeded circulation of the blood, in consequence of the ligature ; at least, it is as easy to conceive this, as to admit that they should have arisen coincidently from spontaneous causes. There was, therefore, nothing to contradict the opinion of death from strangulation ; no morbid cause capable of giving rise to sudden death (excepting cerebral extravasation, which has already been accounted for) was discovered in the body. Whether the ligature was placed round her neck by the female herself, or by a murderer is a matter of doubt ; yet when we consider that there was nothing absolutely impossible in the act on her part, that there were no appearances of violence about her person or clothes, and no evidence of any individual having had access to the apartment, it appears most probable that the strangulation was *suicidal.* Some remarkable cases of homicidal and suicidal strangulation are reported by Casper. (Ger. Leich.-Oeffn., 1853, i., p. 79 ; ii., p. 95, et seq.)

" Within a recent period several important cases of murders by strangulation have been brought to trial in this country. In two of these, I was required to investigate the circumstances, and give evidence respecting the mode in which death took place, and the medical reasons which led to the inference that the deceased persons could not have died by their own hands. For a full report of one of these cases (*Reg* v. *Drory*, Essex Lent Assizes, 1851,) I must refer the reader to the Guy's Hosp. Rep., Oct., 1851. The deceased in this case was found lying upon her face strangled, with a rope coiled three times round her neck, the two inner coils being tight and the outer coil loose, the end of the cord being placed loosely near the left hand of the deceased, which was raised towards it. The length of the free portion of cord was not sufficient to allow of the deceased grasping it and tightening it to such a degree as to produce the great amount of violence found on the neck. This, with other facts, tended to prove that the act must have been one of murder. In another case, *Reg* v. *Pinckard*, Northampton Lent Assizes, 1852,) it was proved that deceased was found sitting in a corner of her room, with a narrow tape round her neck, hung loosely and singly over a small brass hook about three feet above her head. Her clothes were placed smoothly under her, and her hands stretched out by her side. There was a severe bruise over the right eye, and there were marks of blood on the tape, as well as on the floor and wall of the room at a distance from the body. There was a stain of blood on the knot of the tape where it passed over the hook ; and there was no blood on the hands of the deceased. The windpipe for about an inch and a half was lacerated *longitudinally* in its rings, and there was a deep mark round the neck in the course of the doubled tape, as if from great pressure applied by some person, or from the weight of the suspended body. The latter hypothesis was untenable. The body of the deceased did not weigh less than 126 pounds, while the tape found round her neck broke with a weight of 49 pounds; hence the deceased never could have been suspended by it. This fact, with the smooth arrangement of the clothes, the severe marks of violence on the body (inexplicable on the hypothesis of suicide,) and the marks of blood and struggling in the room, proved that there had been homicidal interference; and the crime was brought home to the prisoner by a series of moral and circumstantial proofs. Both of these criminals confessed their crimes before execution. [The reader will find other reports of cases of alleged death from homicidal strangulation in the Med. Gaz., vol. xli., p. 295; and vol, xliv., p. 1084.]

"In directing attention to circumstantial evidence (ante, p. 565,) it was suggested that the dress of the deceased might be torn or discomposed, a fact indicative of a struggle, and *cæteris paribus,* incompatible with suicide; but it is proper to remark that evidence of murder, as in *Pinckard's* case, may be obtained by finding a smooth and undisturbed state of the dress, as well as by the attitude of the body. In fact, whosoever attempts to imitate suicide under such a form of murder, must, when the facts are properly investigated, inevitably fail. The assassin always does too little, or he does too much. The woman who committed the murder in *Pinckard's* case, had been a nurse in an Infirmary, and accustomed to lay out dead bodies. After the murder, she appears to have carried out unthinkingly her professional experience, by smoothing the clothes under the body, placing the legs at full length, the arms out straight by the side, and the hands open and laid out! Such a condition of the body was quite inexplicable on the supposition of suicide, considering the amount of violence which must have attended the strangulation. In the case of *Drory,* the murderer had attempted to make the death appear an act of suicide by placing the lower end of the rope near the hand of the deceased; but he selected the *left* hand when the deceased was right-handed, and he did not leave enough rope free from the neck for either hand to grasp in order to produce the violent constriction observed!

It is proper to notice, in this place, the frequent occurrence within the last few years of what are called '*Garotte robberies.*' The system of murder pursued by the Thugs in India, appears to have been imported into England, and many lives have been destroyed in the manufacturing districts by the employment of strangulation as a means of robbery. In spite of some convictions, the greater number of criminals have hitherto escaped the penalties of the law. The attack is made during darkness: the person is seized by the windpipe from behind, or a bandage is thrown around his neck, and this is suddenly tightened while accomplices are engaged in perpetrating robbery. The person assaulted, if he should recover, is seldom able to identify an assailant; he is rendered immediately senseless and powerless; he can give no alarm, and he can offer no resistance.

Recovery or death in such cases depends on the lapse of a few seconds more or less, during which the constriction of the neck is continued, on the degree of constriction, and on the age, sex, and strength of the constitution of the person assaulted. There appears to be no law which meets this crime with appropriate severity. The 1 Vic. c. 85, s. iii., makes it felony to attempt to strangle with intent to commit *murder*, and the 14 and 15 Vic., c. 19, makes no provision for the crime. The intent in these cases is to commit robbery, and not murder ; this is an accidental result, for which the assailants, if detected, can be punished. But it is desirable to put an end, if possible, to a means of perpetrating robbery which places a man in the greatest jeopardy of his life, which deprives him of all power of resistance or of giving alarm, and such attempts should be treated as something more than assaults. The use of stupefying drugs to commit felonies is severely punished by the 14 and 15 Vic., c. 19, and the same punishment should be assigned to those who resort to partial strangulation for a similar purpose.

Marks of Violence.—It may be inquired whether *marks* of violence on the body, or blood-stains on the clothes or furniture, do not afford strong evidence of *homicidal* strangulation. The answer is—if the marks of violence be such that they could not possibly have arisen from any accident before death, or that they could not possibly have been self-inflicted, they afford the strongest evidence of murder. But the cases wherein so positive an answer may be returned, are the exceptions to the rule. It is not always in our power to distinguish *accidental* or *self-inflictvd*, from homicidal violence ; and we are always bound to look to the possibility of accident, or of previous attempts at suicide, being the source of those personal injuries which máy be apparent on a strangled subject.

" In the following case, communicated to me by Dr. Campbell, of Lisburn, the marks of injury to the neck clearly established homicidal strangulation. The dead body of an old man, aged 70 years, was found lying in a potato-field adjoining his house, on the 10th of October, 1842. His family consisted of a son, the son's wife, and a male servant, brother to the son's wife. The deceased had gone to gather potatoes for the servant who was digging. On its being known to their neighbors that the body had been found in the field, suspicions were excited that his death had resulted from violence. An inspection of the body was ordered. The depending parts were very livid, owing to their position. On opening the skull, a large quantity of dark fluid blood escaped : the membranes of the brain were greatly injected, the sinuses gorged with blood, and the brain itself was highly congested. Several clots of blood were observed in the lateral ventricles, and some over the surface of the brain. In the chest the lungs were filled with very dark fluid blood, the air-cells were ruptured, and there was considerable emphysema. The right side of the heart was greatly distended with dark blood ; there was nothing remarkable in the abdominal viscera, but the lining membrane of the stomach was congested. The stomach was abont half filled with potatoes. On the neck, over the left wing of the thyroid cartilage, there was a very slight mark of a crescentic form, with a corresponding though slighter mark on the opposite side ; and on removing the skin over these marks a considerable amount of coagulated blood was seen immediately beneath, and in the substance of the muscles. On removing this, the left wing of the cartilage, which was ossified, was found much depressed, and traversed by a fracture nearly an inch in length. From the general appearances presented by the body, together with the injury to the thyroid cartilage, an opinion was given that death had arisen from manual strangulation, and from the particular form of the external marks over the neck, *by a left hand.* Several witnesses were examined, who proved that the deceased and the servant were on bad terms, the deceased having threatened to dismiss the servant, and that before they had gone to dig the potatoes, the servant said he would be revenged of his master. The servant was committed for trial at the ensuing assizes. One of the magistrates present desired that the prisoner might be requested to throw a stone, in order to ascertain if he was left-handed, which he did with the *left hand.* At the trial, the sister of the prisoner swore that she saw her brother strangling the old man ; and several witnesses proved that he had maltreated the deceased on many previous occasions. The counsel for the defence advocated the prisoner's case so well, and proved the sister to be of so improper a character, that the jury, having some doubt as to her veracity, acquitted him. Dr. Campbell forwarded to me the larynx, which was ossified, and fractured in the ossified portion, as described in the report of the case.

"There may be *several marks* on the neck ; but then the individual may have tried to strangle himself more than once. The throat may be cut, there may be a deep-seated stab or gun-shot wound, involving some of the important organs of the body, or poison may be found in the stomach ; but in a purely medical point of view, how are we to know that the deceased did not actually inflict the wounds upon himself, or take the poison before making the attempt ? In the chapters on Drowning and Hanging, we have seen what suicides can do, when they are desperately bent on destroying themselves. These injuries often create the most serious difficulties to the medical jurist, which it requires the greatest caution and prudence on his part to steer through. The prejudice of the public mind is such, that the discovery of a strangled person, with marks of personal injury or of poisoning in his stomach, would, in most cases, lead to a declaration of murder, unless the facts rendered it clearly impossible that any attempt could have been made on his life. It is against this prejudice that the medical witness must strenuously guard himself. He may be abused for not joining in the outcry of the vulgar, but the best recompense for this abuse will be the conviction, that he is interposing the shield of science to protect a possibly innocent fellow-creature from the senseless denunciations of ignorance.

"A case was tried at the Northampton Lent Assizes, 1853, (*Reg. v. Gibbins*) which presents some features of interest. The prisoner was charged with the murder of a boy, æt. 8, her illegitimate son.

He was alive and well at about 4.30 in the afternoon, at which time he was taking tea with the prisoner and her sister. A little before 8 o'clock in the evening, he was found dead in his bed, lying on his back with his arms across the lower part of his chest. A silk handkerchief was tied tightly round his neck, and the bed-clothes were a little turned off him. There was a mark or depression round the neck where the handkerchief had been tied, but no ecchymosis beneath. The brain and its membranes were much congested; the lungs slightly congested; the stomach contained food partly digested; the mucous membrane is stated to have been found considerably inflamed (?) and the inflammation extended to the upper part of the small intestines. One medical witness said, that taking into consideration the fact of the handkerchief being found round the neck, and the position of the body, he was of opinion that death was caused by violence (strangulation ?); and he did not think that the boy could have strangled himself. If he had tied the handkerchief tight enough to produce strangulation, he could not have returned his hands to the position in which they were found. Another medical witness considered that deceased had died from poison. He formed this conclusion from the extensive inflammation of the stomach and intestines, and from the absence of any other cause sufficient to account for death. He did not think the congestion of the brain was sufficient: nor did he think that the deceased had died from strangulation. There was an absence of the usual mark (ecchymosed ?) and the face was pallid; the congestion of the lungs was slight, and there was no blood in the right cavities of the heart. A chemist stated that he had examined the contents of the stomach, but there was no mineral poison; the inflammation of the stomach might have arisen from poison, or from natural causes. As the medical evidence entirely failed to prove that the deceased had died from violence, the prisoner was acquitted."

This work certainly presents the subject of Medical Jurisprudence within a very small compass, and yet the author has been careful to omit nothing ancient or modern that should be included in a complete digest. It is indeed, *multum in parvo.*

The Medical Profession in Ancient Times, an anniversary discourse delivered before the New York Academy of Medicine, November 7, 1855, by JOHN WATSON, M D., Surgeon to the New York Hospital, New York. Baker & Godwin, 1856. (pp. 222.)

The discourse before us is an attempt "to trace the origin and progress of medicine among the ancients in as succinct a manner as possible, consistent with perspicuity; and at the same time to omit nothing of importance or interest in relation to the subject," (p. 3.) It exhibits much erudition and research upon the part of the author, who seems fully impressed with the extent of the field upon which he has entered. He has carefully collated the more interesting facts connected with the history of ancient medicine, as also the doctrines held by its more celebrated professors, and woven them into a charming narrative. After all, so little is known of the personal history even of such characters as Hippocrates, or Celsus, or Galen ; the precise epoch of many great names is a matter of conjecture, that we rise from the perusal of a work of this kind with a feeling akin to dissatisfaction. The little we have been able to make out, has but increased our desire to know more. The accumulated mists of ages, through which we, in the distance, cannot pierce, have so obscured the vast mountain we set out to explore, that we must be content to have caught an idea of its enormous outline, with occasional glimpses of the paths winding up its sides, and of those lofty peaks which, towering above the cloudy veil, are still clearly visible, reposing in eternal sunshine. These will linger in our memory; imagination will fill up the blank, and lead us to some conception of the grandeur of an unrestricted view.

Our author alludes but slightly to the mythical days of medical history. He does not carry us so far back as the enthusiastic Schulze who gravely traces the origin of medical art to our first parent, (as he asserts,) from necessity the first accoucheur and surgeon! He takes up the thread of continuous history with the Greeks, when medical duties formed a part of the priestly office ; shows how it was taught in the schools of philosophy ; how, afterward, the healing art gradually became the exclusive function of certain classes of men, the physicians ; how schools of medicine arose at Epidaurus, Cos, Cnidos, Pergamus, and Alexandria, and at other places less known to the moderns, in all which the neophytes were instructed in the mysteries of medicine, by oral discourse, and beside the numerous beds of the patients who were there congregated. He passes from Greece to her more astute and material successor. We learn the ill fortune of Arcagathus, the first practitioner invited to settle in Rome, who, by his readiness with the knife and actual cautery instead of proving their *vulnerarius* was called by them *carnifex* or executioner. It required a long succession of years to banish the memory of his heroic practice, during which no physician ventured to settle in the seven-hilled city. A century after, Cato trusted to incantations, the superstitions and the simples of his slaves, for help in severe sickness. Whether during this long interregnum their bills of mortality increased we cannot say. They, at last, for their sins, had doctors enough, whole sects of them, harboring all uncharitableness toward each other. The Rationalists, the Methodists, the Empirics, the Eclectics, and others in their wrangling, must have made the practical Romans sigh for the "good old times," when they trusted to the gods, and died in peace. In this review our author describes the labors and opinions of the most prominent men of their day—Hippocrates, Hierophilus, Erasistratus, Celsus, Aretæus, Galen, Paulus Ægineta, and a host of others, in such a way that those whose names are "household words," wherever medicine is cultivated are brought vividly before us as if in a mirror. As in those weird performances of the seers of second sight, the mighty shades long dead pass before us—some linger so that we become almost familiar with their features and their voice, but most of them pass along with hurried step and averted face. They appear to tread the same path, hastening toward the same goal; and the shadows beckon *us* onward too! The road, dim as it is, is very like that we daily toil along, with the same difficulties that we so constantly encounter! It is even so. Professional life, in its aims, its essential qualifications, its failures, and its successes, is relatively the same in the nineteenth as in the first century; in America as in ancient Greece or Rome. The same high obligations bind us; the same motives incite us to perseverance and rectitude; the same rewards await us. Our task is identical with theirs: to relieve and help the sick, and according to our ability, to add to the treasures of knowledge bequeathed to us, what contribution we can for the benefit of those who may come after us. It is not unprofitable, therefore, to withdraw our attention sometimes from the present and review what has been done in the past. We are truly thankful to our author for the present opportunity of making the retrospect.

When we recall the long strides which the great discoveries of a few years have made in the advancement of medical science, we are apt to indulge in a feeling of complacency, not altogether unpardonable, unless that satisfaction in the present, leads us to ignore the claims, equally great of the mighty Past, upon our respect and gratitude. For muc has may have been done within the present era, and much has been done, there are many considerations which admonish us, that a comparison with the state of medical knowledge that obtained in past ages, might not result quite so favorably as our complacency or our wishes might suggest. In instituting any such examination we must take into account the vast means at our command for the perpetuation and circulation of knowledge, and the feeble means then enjoyed; the comparatively few obstacles to hinder our researches, the enormous difficulties they encountered in the superstition among the people and themselves, the limited intercourse among nations, and the repugnance to dissections which everywhere existed. We must also remember that while we have access to *all* that the labors of the present age have produced, from which we form our opinions, we judge the past from isolated specimens, mere fragments that have been handed down to us, disconnected and mis-shapen in their progress.

The faults of ancient medical literature are visible at the first glance, the beauties often require to be extricated from the crude mass collected around them. Much of sophistry, much of credulity and human weakness, much of hasty generalization and fanciful hypothesis disfigured the writings of ancient medical authors. Can we with all our advantages, assert that modern works upon the same topics are free from the same deformities? *Now*, as *then*, we have too often to search with pain through "the bushel of chaff" to find the "few grains" of wisdom it contains. With all their faults there are many passages of truth and beauty—many noble sentiments, applicable in all time, which we would not willingly lose. Nor is it the didactic portion of their works that alone challenges our admiration. How many recent discoveries and inventions have proved but revivals of ancient research and ingenuity which had long slumbered in oblivion. Comparatively few years have witnessed the application of the speculum and the consequent increase of our knowledge of uterine diseases, yet the exhumation of the "Doctor's Office" in long buried Pompeii, has shown that it was familiar to physicians before that city was overwhelmed. Dr. Simpson's Sound for exploring the uterine cavity, is of still more recent date, and has not yet overcome the opposition and ridicule incident to new things, but in the old office of Hippocrates might have been found "the tin probe" described by him, adapted for similar purposes. Without detracting from the fame of Laennec and those who have so materially added to our means of diagnosis, by their improvements in physical diagnosis, the germ of the science of auscultation and percussion, lies in the earliest works of the Father of Medicine. With attentive ear Hippocrates explored the chest, and by percussion detected the presence of fluids in the pleural cavity which he evacuated by an incision between the ribs. Perhaps physical exploration was more cultivated than we are willing to admit; it may have furnished some foundation for the division of thoracic diseases which we know did obtain among the ancients. The actual cautery and the *moxa* were used by no means sparingly. Indeed, the patients of those days were abundantly purified by fire on all occasions. Whether he ever "swabbed" the larynx to the extent that modern professionals affect is doubtful, although he certainly applied topical remedies to the fauces and throat with a tube. The discovery or rather the demonstration by Harvey of the true course of the circulation, no less redounds to his credit, because in some of the ancient authors we find sufficient evidences that they recognized the fact that the arteries conveyed blood, and were familiar at least with part of the course of the circulation. Hierophilus attributed the pulsation of the arteries to the action of the heart; Galen traced out much of the circulatory system, and the following amusing account which Dr. Watson gives of one of his experiments, will show that he believed the arteries contained something more than air:

"There are certain persons who promise to prove that the arteries do not contain blood, yet never test their assertion by dissections. A teacher of this sort having asserted his ability to show that the aorta is always empty, and not demonstrating the fact, was exhorted to do so by a number of ambitious young men who had provided animals for the purpose. At first he refused to comply with their request unless suitably rewarded; whereupon they placed before him a thousand denarii as an inducement to prove his assertion. After much prevarication, when urged to proceed by all present, he took the scalpel in hand and began by making an incision in the left side of the chest, where he imagined the artery could be exposed; but such was his want of anatomical skill that he cut directly down upon the bone. One of his associates, however, having opened through the intercostal spaces, he again proceeding, injured in the first place the artery, and afterwards the vein. The young men, who had deposited the money with the spectators now laughing at him, undertook the experiment themselves. They dissected through the intercostal spaces, as they had been previously taught by me, in such a way as not to injure the vessels; and without delay surrounded the artery with two ligatures ; one at its point of departure from the heart, the other where it rests upon the spine, just as these boastful teachers had promised to do, in order that when the animal was dead one might see, from so much of the vessel as lay between the ligatures, whether or not the artery was empty of blood. But when it was not found to be empty, they declared that an incision must have been made in it at the time of applying the ligature, as if some other individual, and not these teachers themselves had promised the demonstration," p. 157.

The Roman operation of Lithotomy, described by Celsus, consisted of the "transverse semi-lunar incision in the perineum, with the horns of the incision pointing towards the hips, as lately revived by Dupuytren and other modern surgeons, and Meges, who lived some time before this, invented an instrument for incising the neck of the bladder, in this operation, which was probably a double cutting gorget similar to the lithotome of Bushe or the prostatic Bisector of Dr. Stevens, cutting transversely. Paulus Ægineta adopted the *lateral* method. Ammonius anticipated Civiale in the practice of lithothrity, when the calculus was too large to be extracted in the usual way. We might extend the parallel and show how nearly the opinions in the days of Thucydides with regard to the contagious origin of the plague, and in later days, when Mentagra prevailed, correspond with the discussions of modern physicians as to the spread of cholera, malignant erysipelas, and other diseases, but the preceding instances will suffice for our present purpose.

Nor did the ancients neglect the systematic and clinical instructions of those who were to devote themselves to the healing art. In the temples of Æsculapius, at various places. patients were received and treated, and around the spacious halls hung votive tablets, on which were inscribed brief records of their diseases and treatment. Strabo says, "the temple of Epidaurus is always full of the sick and of tablets on which the treatment is inscribed; and it is the same at Cos and at Tricca." At first the Asclepiadæ confined their attention exclusively to these patients in their capacity of Priest-physicians, but gradually the offices become distinct, the medical care of the sick within and without absorbed their attention. The Asclepion of Cos, alluded to by Strabo, was the theatre of Hippocrates—here he attended by the bedside of the sick, journeyed hence to visit those who sought his acknowledged skill in far distant cities or in his own vicinity, and here he discoursed upon diseases to eager crowds of students in those lectures, of which it is supposed the works which have descended to us bearing his name are but the outlines or notes. At Cnidos was its rival school. It continued to the time of Constantine. From the earliest days there existed another of great repute in Epidaurus. Its surrounding scenery has been the subject of eulogy of modern travelers. "Its serene beauty remains," says Mr. De Vere, "and if quiet scenes fit to restore the mind of a sufferer with images of peace, if cold groves, if dewey and secluded pastures and gales as refreshing as ever descended from the fields of sleep to fan a fevered brow, be auspicious to health, the region of Æsculapius is still potent to remove some real maladies and many an imaginary disease." It flourished as late as in the reign of Antoninus Pius, when, besides the usual accommodations for the sick, a lying-in department was added sacred to the time-honored mysteries of Lucinia. The great school (or in modern phrase, University) of Alexandria, had its faculties of literature, astronomy, mathematics and medicine, besides special departments. Among the number of its medical professors, we find the names of Cleombrotus, Hierophilus, Erasistratus, and others whose memories have been embalmed in our literature. Here, too, was that large library of 700,000 volumes of Papyri afterward accidentally burnt by Julius Cæsar. The student had access, also, to the Temple of Serapis, which served in part as an asylum for the sick. In Galen's day, Alexandria, dimmed in glory under Roman sway, still continued the centre of medical learning. He expressly recommends students to visit Alexandria to study a real skeleton which was to be seen there. The great rival institution, Pergamus, was almost equally celebrated. From inability to procure Papyrus, parchments were used for books, and a large library of 200,000 volumes collected, which was afterward transferred to Alexandria by Marc Antony, to replace that burned by Julius Cæsar. When Christianity became the religion of Rome, the Asclepia were closed by the imperial authorities, and hospitals and infirmaries were substituted. In latter and darker days Monks became the physicians. In Rome, also, there were schools. The medical teachers and their crowds of students receiving clinical instructions are referred to by classical writers. Galen united the professorial to the usual duties of an author and physician. There were numerous other schools, both among the Greeks and Romans, which we have not space to notice.

We have but little information as to the course of study required of the student of medicine. What little we do know, leads us to believe that the period of pupilage was by no means short, and the instruction, especially of clinical medicine and surgery, was thorough. They of course relied upon oral discourses, of which anatomy was a prominent subject. Galen, after his philosophical or undergraduate course, spent four years at Pergamus, in daily attendance under Satyrus upon the sick within the temple, he afterward continued his studies under Pelops, at Smyrna, was assistant and pupil of Numisianus, at Corinth, and spent some time at Alexandria and other cities to finish his education before he commenced the practice of his profession at the age of 28, in Pergamus. We learn that Cæsarius, the physician of Julian and Valentinian, studied medicine five years at Alexandria.

Physicians met with rivalry and troubles similar to those we complain of, in the present day. Illegitimate scions of medicine were perhaps as numerous, as much disposed to vaunt themselves as now. Pliny, Galen, and others allude to their pretensions and their arrogance in terms of just severity. They emulated the true teachers in their clinical prelections, promising to impart their peculiar systems of healing in a few months. They ostentatiously paraded the streets with a retinue of young men, with whom they made their daily visits to the sick, a custom satirised by Martial with his accustomed severity.

Nor did physicians escape the jokes perpetrated at their expense by the wits of those days. Thus, Themison, the celebrated founder of the Methodic School, is alluded to by Juvenal:

"Quot Themison ægros autumno, occiderat uno."

Or, freely rendered,

How many sick in one short autumn fell,
Let Themison, their ruthless slayer, tell.

An imputation by no means pleasant, however facetious!

The ancient physicians held high and honorable sentiments upon ethics. The oldest compendium of medical ethics, the oath of Hippocrates, has never been surpassed in this respect. The following from Celsus, deserves a place in our memory. The long time elapsed since it was penned, has not dimmed its beauty or impaired its truth:

"A physician," says he, "should, above all things, know what are incurable, what difficult to cure, and what more easy; for it is the part of a prudent man first, not to undertake one whose case is desperate, lest he appear to have killed him whom destiny has destroyed. Next, in a case of great danger, but not quite desperate, to make known to the friends of the patient that it is a matter of difficulty, so that if the malady should prevail against the art, he may neither seem to have been ignorant himself, nor to have deceived them. But," adds he, "as this is the proper conduct for a prudent person, so, on the contrary, it is the part of a quack to exaggerate a small matter, that he may appear to have performed the greater cure." When the case is easy, he recommends diligence and circumspection on the part of the physician, "that what is in itself small, may not, by his negligence, become more considerable." —pp. 118–19.

Honorable mention should ever be made of the courage of our Medical Fathers. Like the heroic men of modern days at Norfolk and Portsmouth, who sacrificed themselves in their unequal combat with the dread enemy, Thucydides in his account of the great plague at Athens alluding to the physicians, records, "*Nay, they themselves died most of all, inasmuch as they most visited the sick.*"

The influence of medical teaching and example upon the public mind was doubtless by no means inconsiderable. By whatever means acquired, the ancients exhibited much true wisdom in their sanitary regulations. The baths of ancient cities are unequaled in our age. The ruins of Pompeii attest their extent and completeness. Not only were they used by the rich, but public Thermæ enabled the poorer class to indulge in this luxury. No city of our country, (to our shame be it spoken,) can vie with them in this respect. The laws enforcing the cleanliness of the streets, and the carrying off of the offal, for the ventilation and proper building of the houses, would make the officials and landlords of New York and some other cities tremble, if they were put in force at the present day. Our thin, pale youth have no such gymnasia as moulded those glorious forms, which excite our admiration when we gaze on their statues, which have descended to us from the hands of Phidias and others. The most perfect system of sewerage, now in use, does not compare in extent, or perfection of design, with the cloacæ of ancient Rome. Far less will our aqueducts rival theirs. No huckster dared to sell poor meat or spoiled vegetables. The fear of the vigilant *Cereales*, who first inspected them, was a wholesome check upon such misdeeds. The bodies of the dead, or their ashes, were deposited far away from cities. The bodies of those killed were examined by physicians. Thus of the wounds of Cæsar, only one was decided to be mortal. Surgeons accompanied the Roman armies. Traces of them have been discovered as far as the Grampian Hills.

But our digression must now terminate. Instead of a notice of Dr. Watson's book, we have been instituting a parallel between medicine in ancient and modern times. It only remains for us to thank our author for giving us the results of his great labors which his investigations upon the history of ancient medicine exhibit, and express our hope that he will shortly redeem his promise of continuing his researches into the Saracenic and Arabian Periods, and then give to the world another "DISCOURSE," in the perusal of which we expect as great a treat as we have gained from the present volume.

R. G.

PART FOURTH.

EDITORIAL AND MISCELLANY.

LIBERAL PRINCIPLES.—In medicine, as in almost every thing else approved by the judgment of our race, there are those who are not satisfied to pursue a straight forward honest course to gain a living or reach the position to which they aspire, but endeavor to do it by getting up a breeze against some imagined imperfection, or by pretending that they have discovered a shorter road to the temple of truth. In one or the other of the groups indicated may be found not only all the quacks and charlatans that infest civilized communities, occasioning often more death than endemics and epidemics combined, but many others who claim and have enjoyed a connection with decent men. Such, humiliating as it may be, has always been the case, and we see nothing in human composition to lead us to infer that we are upon the eve of any thing better. Indeed these remarks have been suggested by seeing in several of our exchanges, that J. V. C. Smith, who, for twenty-five years was editor of the Boston Medical and Surgical Journal, has commenced the publication of a new journal of medicine, entitled the Medical World, to be conducted on "*more liberal principles.*" What, it might be inquired, is here meant by "*more liberal principles?*" We had supposed that the "principles" upon which our system of medicine is founded are "liberal"—liberal because they set forth, to the fullest extent, all that is known on the different departments. As used in medicine, "principle" signifies a law under which are comprehended many subordinate truths—or, in other words, it is a general truth made up of individual ones. Nor had we supposed any thing else than that truth was something positive in its nature, incapable of being any thing but "liberal" to all alike.

Perhaps, however, we have been on the wrong trail to get at what the editor of the proposed new journal means by "more liberal principles." While he was conducting the Boston Medical and Surgical Journal, several years since, some proclivities towards a pseudo affiliation with the "*Irregulars*" was thought to be observed; or to say the least, a kind of *slip-shod* tone with reference to scientific medicine characterized the course of his publication. Perhaps these facts will serve to explain what is meant by the phrase "more liberal principles"—"coming events cast their shadows before."

If we are right in our conjectures, the editor will soon find his *status*. Between medicine and quackery there is no middle course.

To superficial minds it might seem that the regular profession is too conservative; too much disposed to follow in the old beaten track, to the exclusion of every thing that has the appearance of improvement. How is this? It would be very strange if the experience of the medical world for thirty centuries or more should prove to be totally worthless. Such a thing has been the fortune of no efforts in any branch of human inquiry. Labor, it matters not upon what exerted by our predecessors, has always been productive of some good consequences. Indeed our stock of knowledge, as it now exists, is the accumulation from all previous time. Why should this be underrated, or abandoned or lost sight of? The truth is that the medical profession of past and present time has been too "liberal." It has adopted too many things as medicines, and exercised too much credulity in regard to theories. The records abundantly prove these positions. Where are all the articles that filled the standard works a century since, and that had reputation, and where are the theories that once flourished in such profusion? We may answer that we have pruned them off; and we may add, that just about as fast as they have been pruned off they have been taken up by "*Irregulars*" and quacks, and offered to the world as "new improvements," "new discoveries," and perhaps a periodical started to advocate their claims to public attention, with the promise that it shall be conducted on "*more liberal principles.*" In the attempt, for it will be but an attempt, to sustain a journal on the course indicated, Dr. Smith will, as a matter of necessity, furnish his readers with a digest of Homeopathy, Hydropathy, Eclecticism, etc., side by side with what is elicited by the researches of scientific men. Then there are scores of mountebanks in every city engaged in getting up nostrums designed especially to catch the ignorant; there is also a class of knaves, who, with a smattering of knowledge in regard to certain diseases, are engaged in specialties—Indian doctors, "consumption curers," doctors for the treatment of "private diseases," etc., etc. These, of course, are all to have their advertisements, their false certificates and lies inserted side by side with the contributions of medical men.

Conducted upon such a plan, the "Medical World" will accomplish nothing except that of bringing shame and contempt upon its editor.

Paul Caustic.—A writer in the Oct. No. of the Western Lancet, who signs himself "Paul Caustic, M. D.," has delivered himself of a somewhat lengthy criticism on the "Ohio State Medical Society." We have no time, nor have we any inclination to examine this paper in detail and express an opinion in regard to the persons and things the writer has thought proper to stricture. In general terms we may say that we do not approve of the *scope.* Fault-finding is an unprofitable investment, and is usually associated with an unhappy temperament; and where there is an absolute bitterness, a disregard of the ordinary amenities of life manifested, it sooner or later gives rise to bankruptcy.

In general terms, it may be remarked that the author is no ways scrupulous about a wholesale condemnation of the Society and its movements. Besides, he singles out, in a way not to be misunder stood, a number of individuals who are members and visits them with all the complaint and censure of which his pen seems capable

Hard words, offensive language; and, as we believe, unjust imputations, seem to be the stock in which he most delights to deal. Of the Society he remarks: "It is now a putrid disorganized mass." Such language with reference to any organization composed of gentlemen, is not only in very bad taste, but indicates extravagance, and, what is worse, in the case before us, a want of truth. The Society has accomplished much for the profession throughout the State, and although its deliberations have been somewhat disturbed by the introduction of matters foreign to its objects, it has nevertheless triumphed over its troubles; not, however, by the exertions of such of its members as "Paul," who in the hour of danger deserted it, but by the faithfulness of its reliable friends. It now "lives, moves and has a being," and a prospect, too, of living to see all of its false friends and slanderers put under its feet.

"Paul," we think, has the merit of being a young man—young in years, young in his intercourse with men, and young in the proprieties of the gentleman. For much of the extravagance, therefore, of his paper on the State Society and its members, he will be excused. We hope to see him at the January meeting, and if it shall then appear, on making himself known, that his effusions have originated from a neglect on the part of the Society of his claims to its honors, a prescription, *secundum artem*, for his case will then and there be administered.

Back Volumes of the Journal.—We have on hand a number of the back volumes of the Journal from Vol. II. to Vol. IX., and will now supply them to subscribers at the rate of *one* dollar per volume. When bound up they make a very valuable accession to a library, being the principal means of investigating matters connected with the progress of the science. No young physician should be without something of the kind.

☞ Receipts not already acknowledged, will appear in our next No. By the way, why is it that so many are tardy in paying up for the *present* volume, and also arrearages of longer standing? Nothing gives us more unalloyed pleasure, over the left shoulder, than to have to use up ink, paper and time in calling attention to such subjects.

New Books.—Since our last issue we have received quite a number of *new* books. A portion of them we have noticed in this No., the rest will be attended to in our next. Among those, notices which are deferred are :

Draper's Physiology.—A *new* work, by Jno. W. Draper, Prof. of Chemistry and Physiology in the University of New York. Harper & Brothers, Publishers.

Bowman's Medical Chemistry (second edition.) Blanchard & Lea, Publishers.

Wood's Therapeutics and Pharmacology in two volumes. A new work. By Geo. B. Wood, Prof. of Practice of Medicine in University of Pennsylvania, etc. Philadelphia : J. B. Lippingcott & Co., Publishers.

These works are for sale in this city. Two of them being new we shall devote some space in future to an analysis of contents, etc.

The following in the way Monographs have been received :

Essays on Physiology of Nervous System, with an Appendix on Hydrophobia. By Benj. Haskell, M.D., of Rockport, Mass.

Washington on Assimilation, Consumption and Scrofula. Louisville, Ky. 1856.

A Disquisition on the Ancient History of Medicine, comprising Critical Notices of the Origin of Medical Science, Vicissitudes in the remotest times, and of its Reconstruction and final establishment by the Greeks. By Thomas L. Wright, M.D. (For sale by H. W. Derby, Cincinnati.)

On the Nature, Prevention, and Treatment of Pulmonary Consumption and Scrofula, with a Demonstration of the Cause of the Disease. By Henry McCormac, M.D., London.

Dental Register of the West.—This work (Quarterly) has been on our exchange list for some time, and with its contents we have been generally well pleased. The present No. (October) seems to have upon its cover T. Taft and Geo. Watt as editors. The latter we recognize as a neighbor of former years, which circumstance imparts to the Register additional interest. How many great men is Greene county going to produce ?

State Medical Society.—The semi-annual session of this body takes place in this city in January next. Reports of several of the Standing Committees are expected to be made. Besides, other important business will most likely be transacted. The physicians of the State should embrace this opportunity to visit the Capital city, and look into the things we have here, in which they have an interest, and that they are called upon and required to help sustain.

Starling Medical College.—The present sesssion of this Institution commenced the 16th of last month, and from present appearances there is going to be a very good class. The connection of the College with the Hospital of the Penitentiary gives to students all the Clinical advantages that could be desired. Besides there are a great many persons from a distance, afflicted with diseases of different kinds, who visit this city to seek relief. These, as far as practicable, are exhibited to the class, and the operations performed in its presence.

Health.—During the past summer there has been but little disease of any character in our city. The Spring months were characterized with more than the usual amount of "Intermittents." In most instances these were cases that had suffered from the disease in autumn last. A few, however, occurred in which the disease was purely *vernal.* Of diarrhœa, the great staple of cities, or of cholera morbus, or of dysentery, or cholera infantum, we have had scarcely sufficient to keep us from growing rusty. Visiting watering places, or other localities in quest of health, has been during the past summer, a mere formality, no region being favored with a better atmosphere than was to be found in Columbus.

Yellow Fever, the endemic of the South, has had but a slight prevalence in any of its usual haunts the present summer. Early in the season it advanced upon New York and vicinity, and for a time caused some rather serious apprehensions. It soon, however, proved itself to be an *exotic*, without any of the circumstances congenial to its nature, and, like a hybrid, died without issue.

Nott, on the *Acclimation of Races*, published in this number, although lengthy, is worthy of perusal. Such papers give breadth and depth to views on Etiology.

Medical Colleges.—The annual session of most of our colleges east and west, has commenced, and although we are not yet in the receipt of "Introductories," they have, as we see, been pretty generally pronounced. We have had no information in regard to the prospect for classes east. In the west, they, with very few exceptions, promise to be larger than in former years. This is as it should be. There is no propriety in going to the Atlantic States to obtain a medical education. All the branches can be as thoroughly studied in the Mississippi Valley as any where else. We have the men and the facilities here to do every thing that medical progress can suggest. Indeed, our men seem to be at a premium in the east, and we think deservedly so. The same will soon be the case with our facilities, with our means to impart a thorough and an available education.

There has been much talk by those connected with certain colleges, about a "Medical Centre" for the United States. By a certain class, we have had this located in Philadelphia, by another in New York, and within the last year or two it has been claimed that Nashville was the most natural place.

It is just now a period of apyrexia among these philosophers, or to change the figure, it might be said that the volcanoes have ceased in the way of gas and smoke, and as a consequence we embrace the opportunity to suggest that the "Medical Centre" will most likely locate itself sooner or later, as near as practicable, in the "centre" of our national population, and in the centre of the community possessing the greatest degree of energy and prosperity. Obeying such a law, we should not be surprised if this point should be found in the territory between the Alleghany and Rocky Mountains, perhaps in that part of it occupied by the people of Ohio. Well, let it come along.

Prof. L. M. Lawson is again connected with the Ohio Medical College, and we welcome him back to the State as one of its most able teachers and accomplished practitioners. His card will be found in the present number of the Journal. In this he announces the resumption of an office, and his readiness for consultation in diseases of the chest and throat.

CINCINNATI COLLEGE OF MEDICINE AND SURGERY.—In this number will be found the card of the *Cincinnati College of Medicine and Surgery.* This card contains the names of able teachers. Men who can stand up any where.

SHOULD STRYCHNIA BE EMPLOYED AS A MEDICINE?—That there is and always will be a fashion in physic no one will deny. The number of remedies once deemed indispensable, and that found their way into almost every prescription, that now slumber unasked for on the shelves of the apothecary, fully attest the truth of this observation; and were this fashion confined to the administration of remedies which, while they derived their ephemeral reputation from their combination with others of known action and utility, were under no circumstances fitted for the purposes of crime, there would be but little harm in it; but if the administration of such a deadly poison as strychnine rests on no better foundation—if all the effects attributable to it, except its fatal one, are attainable from other and safer agents, it becomes a question whether it should not be erased from the pharmacopeia, and its presence in the shops of the druggists rendered unnecessary. The simple fact of strychnia being a deadly poison, and of rapid fatality, is not, I admit, sufficient reason for this exclusion. Many of the medicines used in the healing art are so; but then the nature of their operation is such, that, if arrested, or guided by the hand of science, the most beneficial results may be obtained from them; but in the action of strychnia, this is not the case: there is not one of the effects that it exhibits in its rapid career that can be made thus available.

The peculiar tetanic spasm that it produces, led its discoverer, I believe, to anticipate from it a remedy for paralytic affections. Had this been the case, its retention in the pharmacopeia might be justified, but I fear that the profession has found this to be a fallacy.

That it may, in very minute doses, in combination with other agents, produce some beneficial effects, in the functional derangements of certain organs, may be possible, though I am inclined to doubt it; but these effects are equally attainable from other medicines,' and certainly do afford no excuse for its use. The frightful disclosures that our various courts of justice are daily bringing to light with regard to it—the careless manner in which this deadly poison has passed from hand to hand—the evidence as to its dreadful effects, and the silence as to its utility, all tend to make this a subject worthy of the attention of the profession, if not of the legislature itself. The virtues of such a remedy should be clear indeed, to compensate for the danger attendant on its use.

If, however, it be found impossible to do away with it as a medicine, surely it might be kept in such a state of solution that, while it left it a remedy in the hands of the physician, would unfit it for the deadly purposes of crime.—*Lancet.*

CHURCH AND STATE—NO MEDICAL FACULTY IN TRINITY COLLEGE.—The Medical Faculty of Trinity College, Toronto, Canada West, have resigned their professorships. The reason, as publicly stated in the daily prints of Canada West, is, that the Faculty caused an advertisement to be inserted in the local papers, stating that students in medicine henceforth would not be compelled to subscribe to the thirty-nine articles of the Church of England, and that no religious test would be demanded of them. And it was furthermore asserted, that pupils could, by following the course of instruction at Trinity, procure, if they pleased, their degrees at any other University. The Council of the College, naturally indignant at this open declaration of rebellion and independence of the Medical Faculty, called upon them to withdraw the obnoxious advertisement from its place of appearing, and to return to their former terms of connexion; but the Professors declining to yield, and the difference not being removable in any other way, the latter were constrained to resign their various chairs, which, we believe, they have filled, during the few years they have lectured, in a distinguished and profitable manner.—*Mont. Chronicle.*

LIFE SAVED BY PROLONGED EFFORTS AT ARTIFICIAL RESPIRATION.—We take the following case from an article in the American Journal of Medical Sciences for July, 1856, published by Dr. T. A. Emmet, late Physician to the New York Emigrant Hospital, and with the title *Œdema Glottidis* resulting from typhoid fever.

"William Daly, aged 20; eleven days from ship; was admitted from the city on the 12th of March, with the eruption just fading. The fever was of a grave type, but ran its course uncomplicated. The case slowly convalesced for several days, when, on the 19th of the disease, between 5 and 6 o'clock P. M., suffocation came on in consequence of suddenly sitting up in bed, for the purpose of receiving his food. I obtained the assistance of my colleague, Prof. Carnochan, and the trachea was opened some five minutes after the occurrence of the accident. But, before the operation was completed, the patient was pulseless and insensible; all attempts at respiration had ceased, while the heart's action was no longer perceptible. In a few minutes after artificial respiration had been commenced, the livid appearance about the neck and face began to disappear, and soon a feeble action of the heart was again detected. At the end of some ten minutes, complete consciousness and gradual reaction were established. From this time, the necessity for inflating the lungs artificially ceased; but, for a period of five hours and several minutes after the operation, coincident with each expiration, I depressed the ribs. The muscular or contractile power of the respiratory apparatus appeared completely paralyzed. After depressing the ribs, the air, of course, readily passed in to fill the partial vacuum thus produced; but, when I ceased doing so, (as I did several times from fatigue,) suffocation was almost immediately produced, the face and neck became livid, and the patient soon insensible. So dependent did he feel on me for this assistance, and so fearful was he I might leave him, that my wrists were severely bruised in consequence of his grasp during nearly the whole time. At midnight, all danger was removed; and ten grains of Dover's powder, with two of quinia, being administered, he slept well during the night, and no difficulty arose. The tube was removed on the eighth day, and the wound soon healed, but it was not until the one hundred and third day after admission that he had recovered his strength sufficiently to be discharged."—*Nashville Med. Jour.*

DANGER OF IODINE INJECTIONS IN HYDROCELE.—M. Gosselin made an interesting communication to the Societe de Biologie, on the 24th of May. He has ascertained that in three cases where, after the death of the patients, he has examined the testicles, there is a peculiar danger in employing iodine injections in the vaginal cavity as a means of curing hydrocele. This danger consists in the absence of the secretion of a sperma fit for fecundation. In these three cases, no spermatozoa were found in the seminal vesicle of the side, where a hydrocele had been treated by iodine injections. In experiments upon dogs, M. Gosselin has found, also, that after such injections, the production of spermatozoa does not take place, and that the testicle becomes pale and smaller than before.—*Med. Times and Gaz., June* 7.

SQUILLS WILL KILL RATS.—It should be generally known that Powdered Squills is destructive to Rats. Mixed with strong-scented cheese in equal proportions it is said when eaten to kill them very speedily.—*Nashville Med. Jour.*

LONGEVITY OF CLERGYMEN.—Hall's Journal of Health states, that of eighty clergymen who died in the year 1815, one-half had passed three-score and ten ; thus confirming the opinion of statisticians, that theologians are the longest lived of all the members of the human family.—*Nashville Medical and Surgical Journal.*

EFFECTS OF COLOR UPON HEALTH.—From several years' obsertion in rooms of various sizes, used as manufacturing rooms, and occupied by females for twelve hours per day, I found that the workers who occupied those rooms which had large windows with large panes of glass, in the four sides of the room, so that the sun's rays penetrated through the room during the whole day, were much more healthy than the workers who occupied rooms lighted from one side only, or rooms lighted through very small panes of glass. I observed another very singular fact, viz. : that the workers who occupied one room were very cheerful and healthy, while the occupiers of another similar room, who were employed on the same kind of work, were all inclined to melancholy, and complained of pains in the forehead and eyes, and were often ill and unable to work. Upon examining the rooms in question, I found they were both equally well ventilated and lighted. I could not discover anything obout the drainage of the premises that could affect the one room more than the other; but I observed that the room occupied by the cheerful workers was wholly whitewashed, and the room occupied by the melancholy workers was colored with yellow ochre. I had the yellow ochre all washed off, and the walls and ceilings whitewashed. The workers ever after felt more cheerful and healthy.—*Correspondent of the Builder.—Dublin Med. Press.*

INFLUENCE OF MARRIAGES, BETWEEN RELATIVES, UPON THE PHYSICAL AND MENTAL ORGANIZATION OF THEIR CHILDREN.—In a letter to the Imperial Academy of Medicine, M. Rilliet, of Geneva, publishes the results of his researches regarding the influence of marriages between relatives upon the physical and the mental organizations of their children. In Geneva, such marriages are very frequent, and, therefore, the field of observation being large, M. Rilliet has been able to collect a great many facts. He first states that such marriages frequently are followed either by absence or by retardation of conception, and also by abortion, and production of monsters. Many diseases frequently exist in children born from parents who are relatives: epilepsy, imbecility, or idiotcy, deafness and dumbness, are the most frequent. Such children are often lymphatics, and predisposed to all the diseases depending upon a scrofulo-tuberculous diathesis. Many of these children die young; and, if they live after the first infancy, they do not resist disease as well as other people. In the same family, it is not the same disease which exists in all the children; and, for instance, one of them is epileptic, a second is imbecile, a third is only slow in his physical and moral development.—*Medical News.*

DR. L. M. LAWSON

HAS OPENED AN OFFICE
N. W. CORNER FOURTH AND RACE STREETS,
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CINCINNATI COLLEGE OF MEDICINE & SURGERY

SESSION FOR 1856-57.

FACULTY.

A. H. BAKER, M. D.,
Prof. of the Principles and Practice of Surgery and Clinical Surgery.

TEXT BOOKS.—Druit, Pirrie, Chelius, Miller's Principles, Miller's Practice, Pancoast, Smith.

B. S. LAWSON, M. D.,
Prof. of the Principles and Practice of Medicine and Clinical Medicine.

TEXT BOOKS.—Watson, Wood, Williams' Principles.

P. M. CRUME, M. D.,
Prof. of Obstetrics and Diseases of Women and Children

TEXT BOOKS.—Churchill, Rathmsbotham, Miller.

WILLIAM W. DAWSON, M. D.,
Prof. of Anatomy and Physiology.

TEXT BOOKS.—Quain, Wilson, Richards, Carpenter, Miller.

JAMES S. HARRISON, M. D.,
Prof. of Materia Medica, Therapeutics, and Medical Jurisprudence.

TEXT BOOKS.—Pereira, Royle, Dunglison, Beck, Taylor, Gray.

GEO. M. MACLEAN, M. D.,
Prof. of Chemistry and Pharmacy.

TEXT BOOKS.—Turner, Fownes, Gardner, Silliman, Kane.

EDWARD H. JOHNSON, M. D.,
Demonstrator of Anatomy.

The regular session will begin 1st November, and close 1st March. Preliminary course during October *free to all.*

FEES—Professors tickets—each $15, Graduation, $25, Matriculation $5, Demonstration $8.

Clinical Medicine will be taught at the College Dispensary and at the Commercial Hospital, to which students will have access.

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THE OHIO

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PART FIRST.

ORIGINAL COMMUNICATIONS.

Art. I.—*Medical Excerpta.* By L. M. Lawson, M. D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio.

In the following *excerpta* I propose to make a few extracts from my notes, relating to subjects which have principally come under my own observation.

1. *Nitrate of Silver and Antimony in Croup.*—These two agents which occupy, generally, a small part of the therapeutics of croup, deserve more consideration than has been bestowed upon them by the general practitioner.

Let me observe, however, that the term *croup* is employed to denote very different *degrees*, or it may be *forms*, of disease. Some restrict the term to those examples in which there is a formation of false membrane; others regard simple inflammatory disease of the parts, independent of membranous exudation, as legitimate croup. Some believe it to be seated equally in the larynx and trachea; others consider it as belonging more especially to the latter. It is believed by some pathologists, (Dr. Copland, for example,) that in *membranous* croup there is a special condition of the blood, namely, a predominance of *albumen*, which induces the secondary deposit when inflamation occurs.

It appears to me, however, that croup is simple inflammation of the trachea (tracheitis) extending more or less to the larynx, but not especially nor principally occupying the latter structure. In the milder forms of the disease there is simple catarrhal inflamation, (and by this I mean the peculiar changes which occur in connection with the epithelia,) and therefore no adventitious deposit; but when the inflammatory action is more intense, the morbid state extends to the submucous areolar tissue, and plastic lymph is poured out. And herein consists the distinction between the two degrees of inflammation: one is simply mucous and produces no lymph; the other dips into the areolar tissue, and plastic material flows out, forming a false membrane. With this view there is no necessity for an albuminous element to account for the adventitious deposit; nor does it conflict with the acknowledged inability of mucous epithelia to produce lymph.

One of the most important *symptoms* occurring during the progress of croup, is the spasmodic affection of the glottis. This is an invariable attendant on the disease; but it is an important fact that the degree of spasmodic action (and the difficult inspiration) is not proportional to the amount of inflammation. Sometimes, indeed, it occurs without inflammatory action (crowing inspiration), and it varies considerably in true croup. But in all cases of much severity, the spasm of the glottis plays an important part in the process of destruction, and is doubtless the main agent in bringing about a fatal issue. Thus, the inspiratory act becomes more and more difficult, (in fatal cases) until asphyxia, by spasmodic closure of the glottis, ends the struggle.

Simple tracheitis would hardly prove fatal, if properly treated; but the production of a false membrane, and the occurrence of persistent spasm of the glottis, become the fatal elements of the disease. Simple tracheitis, without false membrane, may engender so much spasmodic action as to prove fatal; but the most unmanageable form is that variety in which the adventitious deposit takes place.

In the treatment of croup, two important indications are presented: 1. To prevent or remove false membrane; 2. To obviate the spasmodic action. Without adverting to blood-letting, emetics, &c., (which are so well understood by the profession,) I wish to remark that there are three agents better calculated, in my judgment, to fulfill the indications named, than all others—these are, mercury, antimony, and the topical application of the nitrate of silver. To subdue the inflammation, blood-letting has generally taken the first rank, practitioners seeming to dread the effects of tartar emetic on children. It is true, the antimony sometimes prostrates children in a very marked degree; but is this prostration fatal? Within reasonable limits, I think it is not, and as children recuperate with great facility, the dread of exhaustion has probably induced injudicious precautions in the use of this agent. Cases have recently been detailed by some of the London physicians, going to show that half grain doses of antimony may be given to children; and although much prostration frequently ensues, it is equally potent in subduing the disease. There are two prominent effects produced by this agent: 1. It lessens inflammation; and 2. It prevents the formation of false membrane, or materially aids in breaking it up.

The influence of calomel over croupous inflammation is, I think, very marked. Its effects are to subdue inflammatory action, but more especially to suspend or break up the plastic exudation. It therefore coincides with the effects of tartar emetic. I have repeatedly witnessed the good effects of large doses of calomel, (ten grains) frequently repeated, by which was shown the rapid subsidence of the difficult inspiration,—and this, too, without the super-induction of ptyalism or local disease.

For the purpose of diminishing the spasm of the glottis, the local application of the nitrate of silver is extremely valuable. I usually employ it in the proportion of ten to twenty grains to the ounce, repeating the application once in four hours until some relief is obtained. In using this agent, it is indispensable to bring it in contact with the larynx, as well as to the surface of the fauces generally. It should not be repeated, however, too frequently, otherwise it may increase local irritation. I have seldom found it necessary to make more than two or three applications.

These, then, are the agents to fulfil the indications I have named: 1. Blood-letting; 1. Calomel; 3. Tartar emetic; 4. The topical application of the nitrate of silver. Other remedies may be employed conjointly.

2. *Idiopathic irritability of the Heart.*—Why not have *idiopathic* irritability of the *heart* as well as of the stomach, brain or uterus? There is certainly no good reason, anatomically or physiologically, while there is abundant clinical evidence of its occurrence. Dr. Robert Lee has demonstrated *nervous ganglia* in the heart, corresponding to those which he met with in the uterus; and it was observed that these glanglia change with disease. In hypertrophy of the heart, for example, they were found correspondingly enlarged.

I have now observed a number of cases in which simple irritability of the heart seemed to be the only lesion. In such cases there is remarkable excitability of the organ, the heart often beating 140 times to the minute. When the case is purely idiopathic, a diagnosis may be arrived at by *exclusion;* that is, by ascertaining that no primary disease existed in any other organ. When we meet with cases of remarkable frequency of pulse, without evident cause, or corresponding disease in other parts, the difficulty will usually be found seated in the heart itself.

My impression is, that these cases are more frequent than is generally supposed, and that they often prove extremely annoying to the physician, and injurious to the patient. It may be remarked, also, that the same irritability may occur in the course of other affections, and materially complicate their course and results.

The *treatment,* in idiopathic cases, consists mainly in the employment of the cardiac sedatives, and among these none have succeeded better with me than the *aconite* and *veratrum viride*—to which may be added digitalis; hydrocyanic acid, *et id omne genus.* The preparations of *opium* are of much less value.

May not this disease, when of long continuance, lead to exhaustion of the nerves, and finally dilatation of the heart? I have no doubt of such a result; and hence one of the necessities for its early recognition and appropriate treatment.

3. *Ether as an Antidote to Chloroform.*—The novel idea has been promulgated by our French brethren, that *Ether* is an antidote to *Chloroform*! M. Aug. Fabre published a memoir on the subject, and a commmission consisting of M. M. Cloquet, Fourens, and Jobert (de Lambelle) was appointed to investigate the subject. The report concludes thus:

1. That the vital functions are more promptly re-established in animals anæsthized by chloroform when left to themselves, than when they were made to inspire ether, whether continuously or at certain intervals.

2. That ether, far from being an antidote to chloroform, prolonged and aggravated the effects of the latter agent, and hence we should be guarded in its administration.

Thus the commission put an extinguisher on M. Fabre's singular suggestion. We may congratulate our French confieres on their ability in exploding errors, as well as originating them.

Appropos, however, of chloroform and ether, it is an important fact that few of any *sudden* or *immediate* fatal accidents have attended the administration of the latter. I do not know of one. This fact certainly suggests the idea that the ether is much the safest article, although its anæsthetic properties are inferior to the chloroform. Still there is no reason to regard it as an *antidote* to the latter.

It is a somewhat important fact that many (if not most) of the fatal accidents with chloroform have occurred in *dental* operations. Has not this depended chiefly on the erect position being maintained during its administration? This has seemed to me probable.

Have any fatal cases occurred from chloroform administered during parturition? I know of none; and if this be the case, is not the exemption from injury due, at least in part, to the presence of severe pain¡ The pain attending the parturient action keeps the nervous system aroused, and hence the tolerance of anæsthetic agents. In the administration of this agent during labor, we require really very small quantities—barely enough to blunt the sensibilities, and to produce sleep or coma. I have observed marked effects in a recent case, following the inhalation of a very small quantity. The effect seemed to be an *exaltation* of the cerebral functions, which elevated the patient *above* pain, instead of sinking her *below* it. She expressed herself *perfectly happy*, a very pleasurable exaltation of feeling evidently pervading the entire nervous system.—Not the slightest pain was felt, and yet the labor rapidly advanced to completion, the intellectual function remaining abundantly active.

4. *The direct Medication of the inflamed Tissue in Pneumonitis.*—Is there anything unphilosophical in the idea that the lungs, during inflammation, may be medicated by inhalation, and thus *topical* applications employed? Varrentrapp healed 23 cases, in the Frankfort Hospital, with *chloroform.* Sixty drops were poured on cotton and inhaled for 10 or 15 minutes, from 8 to 12 times during the 24 hours. Of these cases, 22 recovered. But little other medicine was given. Other cases have been given.

The direct medication of the pulmonary structures, during inflammation, seems to merit further attention. Perhaps other agents which diminish sensibility might be advantageously employed—such as volatilized opium or other narcotics. Certainly in *mucous* inflammation, these agents are too much neglected.

Cincinnati, Dec. 1856.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

Art. 1.—*Report of seven cases of Puerperal Peritonitis.* By Robt. K. Smith, M. D., late Chief Resident Physician, Philadelphia Hospital.

The following seven cases of puerperal peritonitis are a continuation of the series reported in the April No. of the Examiner. Except the first, they all occurred in the obstetrical wards of the Hospital connected with the Philadelphia Alms House, and constituted a part of the number included in the prevailing epidemic.

The two first in the present report were under treatment at the time I closed my communication upon that subject, (referred to in the April number,) and resulted as I then supposed. The remaining five were subsequent cases, and with them terminated the disease in the Institution.

The first case in the present report was a lady, residing five miles from the Hospital; in a healthy locality; where there had been no case of puerperal fever, and to whom I had been called, in consultation, after delivery, in consequence of an adherent placenta. The report exhibits my professional connexion therewith, and it is for the profession to decide, whether the probabilities favor, in this instance, the communicability of the disease. I will remark, however, that in the Hospital, the eight attending physicians attended the obstetrical patients in rotation, in the alphabetical order of their names; and unless there was some abnormal condition, I was rarely called upon for assistance. During the prevalence of this disease, this assistance was rendered upon several occasions, and from its commencement until its termination, seventy women in all were delivered; many of whom escaped an attack, although subject to such manual assistance, and occupying the same rooms, often adjoining beds, to the fever patients. Commencing with the first and including the last case of puerperal fever, there were seventy obstetrical cases in the Hospital, and out of the seventy, thirty-two had the fever. In two of these cases, the operation of craniotomy was performed;

one had the fever and died; and the other escaped an attack. Every instrumental case was treated during labor by the chief medical officer, when the institution was under my control; I am thus particular in a description of its management for the purpose of showing that those who had the disease, and those who escaped, were attended indiscriminately by the medical staff of the house.

From reliable information received, a lady relative of the first case in this report, who attended the funeral, and who was shortly after delivered, died in childbed of the same disease. This lady lived several miles further in the country, and from what I can learn, it was the only case of the kind in that vicinity.

My own experience does not justify the belief that there is a specific contagion in puerperal fever, and yet I am free to admit, that if this case had occurred without my interference, I should have felt much more comfortable.

Case 1st. Mrs. ————, a married lady; born in Pa.; æt. 36; healthy, and of robust constitution; sanguine billious temperament; sixth pregnancy; was delivered March 11th of twin boys, after an easy labor. I was called in consultation in the afternoon, and removed the placenta by introducing my hand within the uterus. This organ contracted readily; there was no hæmorrhage; the patient was lively, and I left her comfortable.

In consequence of the prevalence of puerperal fever in the Hospital, I suggested to the attending physician the necessity of the most careful watchfulness; and advised the most prompt and energetic treatment in the event of abdominal pain or an accelerated pulse. The following day, (the 12th,) her physician saw her five or six times, and reported no unfavorable symptoms. On the evening of the 13th, for the first time, he remarked an increased frequency of the pulse, and said she complained of slight uterine soreness and pain, when questioned upon this point. He had seen her frequently through the day, and these were the first noticeable symptoms. An opiate was prescribed, and she passed a comfortable night.

14th. The doctor rode over to the Hospital and reported her condition; was desirous that I should see her; said there was nothing alarming in her appearance; that she had but little pain; but her pulse was 132, and she looked pale. My engagements prevented a visit, but I urged him to take with him a leecher, apply 150 to her abdomen, to be followed by a succession of warm poultices, and to give her a grain of calomel and two grains of opium every hour until the pain was relieved, and a favorable change took place.

15th. Saw the patient at 8 A. M. She told me the leeching had relieved the pain almost immediately, and she had suffered but little since. She had been wakeful through the night; looked pale and anxious; skin cool and moist; pulse small, 130; lochia almost suppressed; abdomen tympanitic, and very great tenderness upon pressure throughout its whole extent; dorsal decubitus and legs extended. The treatment of yesterday continued, with carb. ammonia and brandy; and an enema of oil and turpentine directed. Saw the patient again at night; had been vomiting occasionally, was more feeble; tympanitis increasing; pulse 136, and pain aggravated. A turpentine enema was administered, and twice repeated through the night; morphia was substituted for the calomel and opium. A carminative was given, and in the morning the vomiting had ceased; her pulse was less frequent, and the tympanitis considerably lessened. She had slept none, but I thought there was a slight general improvement, and left her to return again during the afternoon, (the 16th.)

Saw her again in the afternoon; no change; her physician said she had continued much the same all day; vomiting had not recurred; and the treatment was continued. A grain of morphia had been given every hour, and although it had not procured sleep, the pain was absent when the patient was undisturbed.

17th. Patient sinking; stimulants given freely all day; saw her in the evening dying; died before midnight; no post mortem.

The twin boys of this patient both died in convulsions, one a day or two before the mother, and the other before she was buried.

In this case it will be observed there was no general depletion; and the rigid antiphlogistic treatment resorted to in Mrs. H.'s case (No. X. published in the April number) was not adopted. The patient was a woman more plethoric and robust; accustomed to more active exercise, and altogether one whose system in health would have borne more general depletion. Her apparent prostrate condition, and the lapse of time from the appearance of the first symptoms, until I saw her, together with the fact that I was not alone in the case, made me hesitate to adopt it.

This lady had been my former patient; I had attended her in three confinements, one of which was a twelve months' pregnancy, resulting in the birth of a mole, an organized muscular-fibrous mass, weighing about a pound, and unaccompanied by the secundines. This labor was attended by the usual phenomena, until the body was expelled ; and her after recovery did not differ from ordinary cases. This event in the history of the patient is now only referred to, as an anomalous fact, that there was no expulsive effort of nature at the usual termination of utero-gestation, (9 months) and no symptom or accident that would satisfactorily account for this extended period of pregnancy.

Case 2d. Mary Ann Gibson (deaf mute) ; born in Ireland ; æt. 25 ; married ; rather asthenic ; delivered of her first child February 18th ; was getting over her confinement remarkably well until the night of March 10th, nearly three weeks after delivery, when she had a chill and complained of headache. Saw her at 10 A. M. the 11th ; had headache ; pulse 146 and weak ; sharp abdominal pains ; great tenderness on pressure in the iliac regions ; and slight tympanitis. Ordered 250 leeches on abdomen, followed by hot fomentations of turpentine ; gave her 10 grains of calomel, and in five hours a dose of castor oil. Directed 15 grains of quinine and 5 ounces of brandy to be given during the day.

At 3 P. M. patient in much the same condition ; had been leeched and fomentations applied. 8 P. M. Still has pain and tympanitis ; ordered a blister to the abdomen to be dressed with morphia grs. ii. and a ½ grain of morph. to be given every hour until she slept.

12th. 9½ A. M. Had slept but little during the night ; skin dry ; fever ; pulse 118 ; pain ; slight tympanitis ; evidently subsiding ; continued the quinine ; prescribed Liq. Potass. Cit. f.℥ix. Sp. Æth. Nit. f.℥ii. m. A tablespoonful every two hours, and substituted 1 gr. opium every hour for the morphia, an injection of Ol. Ricini and a tablespoonful of turpentine was administered ; she slept a little during the day.

8 P. M. Patient better ; skin cool and moist ; pulse 102 and more regular ; bowels opened twice since morning ; tongue slightly furred. Ordered a grain of calomel and a grain of opium every hour, when awake.

13th. Still improving ; complains of but little pain ; no fever skin cool and pleasant; pulse about 83 and regular; continued treatment.

14th. 9½ A. M. No fever; pulse 80; no pain; slept well during the night; ordered the powders every two hours.

15th. Still better; no fever; discontinued treatment, and she continued to convalesce without a bad symptom. Child living.

This case is remarkable for the lapse of time intervening between delivery and the period of attack, as well as for the large amount of blood drawn locally by the leeches. Estimating six leeches to the ounce, there were nearly forty-two ounces of local blood-letting. The effect of this depletion was to reduce the pulse in 18 hours from 146 to 118, without exhausting the vital forces; and the rapid and steady improvement of the patient is the most convincing evidence of the propriety of the treatment.

Case 3d. Hannah Foley, born in Ireland; single; æt. 22; sthenic; first pregnancy; delivered March 30th of a dead boy after a labor of eleven hours.

April 1st. Patient had a chill last night, and complains of pain in the lower belly; cannot bear the slightest pressure; pulse 136; dry skin and red glazed tongue. Bled her at 8 this morning, ℥xxxiii. and ordered 150 leeches to the abdomen; gave calomel ten grains, followed by a dose of castor oil, and the operation of the medicine to be assisted by an oil and turpentine injection. 6 P. M. Pain violent; gave opium 4 grains every hour, to be continued every hour until she sleeps. Tympanitis appeared, and ordered the turpentine injection to be repeated.

2d. 7 A. M. Pulse 125; skin cool and moist; patient passed a restless night; pain almost gone; prescribed calomel ½ grain, opium 2 grains every hour.

The patient seems cheerful and better, and considering the amount of blood drawn by the lancet and leeches, has borne it remarkably well. 6 P. M. Hot dry skin, pulse 140; tympanitis excessive; restless and partially delirious; sleeps none; increased the opium to 4 grains every hour, and continued the injection three or four times during the night.

3d. Patient very ill; pulse barely distinguishable, and so rapid as to be scarcely able to note its frequency; gave her brandy and water until she died, which was in the afternoon. No post-mortem.

Case 4th. Ellen Dona; born in Ireland; æt. 23; third pregnancy ; was delivered March 22d. This woman had been in these wards of the institution upon a former occasion, and had also been an inmate of the lunatic asylum. She was insane when last admitted; frail constitution and anæmic. Seemed to be doing well until the morning of the 2nd of April, when she had a chill and violent abdominal pains. Bled her ℥xxx. and applied 200 leeches to the abdomen, followed by hot turpentine fomentations ; pulse before bleeding, 140. 6 P. M. Patient better, except the presence of tympanitis ; ordered turpentine injection, and 3 grs. opium every hour until she sleeps.

3d. Pulse 110 ; pain much relieved ; tympanitis greatly reduced ; skin and tongue dry ; prescribed nitrous powders and the opium.

4th. A great change for the better ; pulse 90 ; skin and tongue moist ; no pain. Continued treatment.

5th. Convalescent, suspended treatment, and she gradually recovered her strength and was transferred to the Lunatic Asylum.

Case 5th. Mary Doland, born in Ireland ; single ; æt. 21.—Delivered in the city, March 31st, and brought to the institution April 1st. A feeble and anæmic woman ; appears to have suffered from want and destitution.

April 4th. Had a slight chill in the morning at seven o'clock ; at M. tenderness in the iliac regions, and pulse 124. Ordered 200 leeches and hot poultices to the abdomen. Prescribed :—℞ Hyd. Chlor. Mit. grs. viii.; Potass. Nit. ʒiii. ; Tart. Antim. grs. ii. ; M. Div. Chart. no. xvi. ; one every two hours, and Hyd. Chlor. Mit. grs. ii. ; P. Opii. grs. ii. every alternate two hours until she sleeps. 7½ P. M. Leeches had been applied ; tenderness entirely removed ; abdomen slightly tympanitic ; pulse 105 ; tongue moist and clean ; bowels moved once. The patient continued without change, subject to the same treatment, except that the calomel and opium powders were withdrawn, and the leeching not repeated, until the morning of the 7th, when the tenderness reappeared, and the tympanitis slightly increased ; pulse 96 ; tongue brown but moist. Prescribed the calomel and opium again every two hours ; gave an injection of oil of turpentine, and saw her again at

8th. 7 A. M. Patient rested well last night ; tongue cleaner ; pulse 88. Continued the powders.

9th. 3 A. M. Dr. Marshall was called up to see the patient, who was very restless ; he gave her 60 drops of laudanum, and she became quiet but slept none. No increased frequency of the pulse.

7 A. M. Patient quiet ; no increased frequency of the pulse ; no pain ; continued treatment.

10th. 12 M. Pulse increased in frequency, 110 ; slight pain in the chest ; face flushed. Had got out of bed during the night and exposed herself in the ward, when the assistant physician was called ; prescribed an ounce of oil and neutral mixture every hour.

11th. Much better ; discontinued medicine, and the patient gradually recovered her strength. This patient was in the institution in February, when the fever was most fatal, and on account of the alarm felt by most of the pregnant women, was one of those that had been discharged to seek other accommodations. After her recovery, she was, with her child, discharged from the House.

Case 6th. Margaret Gingling, born in Germany ; æt. 26 ; single; a frail, anæmic woman in the last stage of phthisis pulmonalis ; delivered March 29th of a boy ; first pregnancy ; was free from symptoms of fever until the morning of the 4th of April. Had a slight chill, and abdominal pain ; pulse 128 ; ordered 200 leeches to abdomen, and hot poultices. Prescribed ℞. Calomel grs. viii. ; P. Nit. Pot. ℨiii. ; Tart. Ant. grs. iii.; Div. Chart. no. xxiv. One every two hours. 3 P. M. Leeches are being applied ; abdomen slightly tympanitic ; tenderness in epigastric region ; anxious expression ; pulse 110, weak and irregular.

5th. 10 A. M. Abdomen tympanitic ; tenderness still present ; ordered an oil and turpentine injection ; pulse 102. Continued the powders.

6th. Tympanitis still present ; continued the poultices ; great tenderness under the ensiform cartilage ; pulse 104 ; tongue furred and dry. 8 P. M. Pulse 100 ; no tympanitis ; bowels moved freely.

7th. Pain and tympanitis gone ; pulse 100, weak and irregular. Continued the powders.

8th. 7 A. M. Patient doing well ; pulse 90 ; skin cool and moist; continued powders.

9th. 2 A. M. Dr. M. called to patient, who would not stay in bed;

gave her a large dose of laudanum, (a teaspoonful); pulse small, and 85. She became quiet and went to sleep.

10th. All symptoms of peritonitis have disappeared; pulse 80, and patient very comfortable, except her cough; discontinued treatment. This patient gradually recovered her strength, and was transferred to the medical wards to be treated for phthisis, whence she was discharged from the Institution several weeks afterwards. Her child died on the 12th of April in convulsions.

Case 7th. Mary Ann McInrow, born in Ireland; æt. 25; married; second pregnancy; was delivered of a female child May 2nd; had a difficult labor; adhesion of the placenta and concealed hæmorrhage.

May 3rd. Had a slight chill last night; pulse at 7 A. M. 134; great abdominal soreness; pain; dry red tongue; tympanitic. Ordered 125 leeches to the belly; and an oil and turpentine injection. Prescribed 2 grs. calomel and 3 grs. opium every hour; after the leeching, pulse fell to 125; and the tenderness was much relieved.

4th. No pain; abdomen soft, and but slightly tympanitic; tongue clean and moist; pulse 120; great thirst; continued treatment.

5th. Patient much better; pulse 90; skin cool; no thirst. Continued powders.

6th. Patient convalescent; stopped treatment, and she gradually regained her strength. Child still in the House.

The whole number of deaths from puerperal fever during the epidemic was 18, out of 34 treated: 32 hospital patients, and two in private practice. Of the children born of those 34 women, 18 died of convulsions, and five were still-born.

In the report of the first 27 cases, it was stated that erysipelas was prevalent in the surgical wards at the time the fever appeared in the obstetrical; and it is proper to say that these two diseases prevailed, subsided and disappeared simultaneously.

The treatment was founded, not only upon what I believe to be correct principles, but upon former experience; limited it is true, but nevertheless, sufficiently satisfactory to secure my confidence. The results for hospital practice I confidently exhibit with every statistical table I have yet seen, and I believe they will compare favorably with any ever published. Adopting the views of Drs. Gordon, Armstrong, Hey and Tonnellé, and sustained by Dr. Meigs, that puerperal fever is an *inflammation,* often so violent and overwhelming as to almost paralyze the nervous system, producing symptoms so deceptive as to arrest the hand of even the boldest and most experienced practitioner ; presenting appearances of nervous and vascular depression; which, as a *real primary* condition, would properly demand a system of treatment the very opposite to that upon which I have relied—I say, adopting these views and acting upon these principles, I have had the courage to bleed and starve into health those who seemed to have scarcely blood enough left to feed the flame that was consuming them.

In looking over the published transactions of our State Medical Society, I see that some exception has been taken to this method of treatment, particularly as applied to my cases, by a gentleman in Schuylkill county ; and we have from him the gratituitous suggestion that an opposite course might have secured different results.—As this gentleman has not seen proper to state precisely this difference, I can say to him, that upon this point we fully agree, but it is equally my *"firm belief"* that this difference would have been much more disastrous to my patients, and much less creditable to myself.

If Dr. Brown had given the profession the benefit of his enlarged experience, by an accurate and honest detail of his cases, it would have been more satisfactory to them than to have the Transactions of the State Medical Society made the vehicle of a lame and dogmatical criticism ; and more modest in him than to expect us to take a partial and imperfect description of a disease which he chooses first to designate as puerperal fever, and afterwards speaks of as metritis—*making a distinction between them*—leaving his readers in doubt whether any *real* disease actually existed in the "pure and invigorating atmosphere" of Schuylkill county, and to set this up as a parallel to the frightful epidemic prevailing in an alms-house hospital.

Such an exhibition of this gentleman's talents and intelligence is not very creditable, and is exceedingly egotistical, not to use a harsher expression.

The subjoined table exhibits the proportionate mortality in the various hospital epidemics of puerperal fever, of which I have any present account.

Churchill says the first undoubted epidemic of child-bed fever of which we have any account, occurred in the Hotel Dieu, the winter of 1746. Out of twenty women confined in that year, scarcely one recovered.

In private practice, where the disease prevailed epidemically, we have the record of

Dr. Gordon's Aberdeen cases,	77,	28 deaths,	1791.
Mr. Hey's Yorkshire "	14,	11 "	1810.
M. Botrel's Rennes "	24,	22 "	1842–4.

Dr. Wm. Hunter lost 31 out of 32 cases.

Dr. Robert Lee, Londen cases 160, 68 deaths.

In 1813,	Dumfries cases	28, 27	deaths.	
In 1823,	Leith "	16, 16	"	
	Inveresk "	16, 16	"	Dr. Kellie.
In 1841 to 1846,	Philad'a "	95, 18	"	Dr. Rutter.

In 1853, in the village of Brakel, Minden, 13 cases, 12 deaths.

Table of Hospital Cases.

Year.	Hospital.	No. of Cases.	No of Deaths.	Per cent.
1764	Dublin	28	21	or 75
1770	Westminister	19	14	73
1773	Royal Infirm. Edinb'g, all died			100
1787	Dublin	11	7	64
1788	"	17	14	82
1814–15	Edinburgh	9	8	88¾
1819–20	Dublin	192	86	46
1828–29	"	88	56	63⅔
1830	Edinburgh	18	16	89
1832	Penna. Hospital	8	5	62½
1833–34	Vienna	175	109	62⅓
1835	Dublin	13	8	61½
1845	"	14	10	71
1845	Penna. Hospital	3	3	100
1854–5	Dublin	38	21	55⅓
1856	Philada., Blockley	32	17	53

—*Medical Examiner, Dec.* 1856.

Art. II.—*A Eulogy on Amussat.* Read before the Academy of Medicine, of Paris, by Larrey. Translated for the Monthly from the Gazette Medicale by M. Deslandes.

The Academy of Medicine has just lost one of its oldest, most active, and most eminent members. He, however, had been received in her bosom amongst the youngest. Notwithstanding the obligations of a large practice; he was a regular attendant at your meetings; he had offered to the Academy the first fruits or the results of the greater part of his labors, and those labors bore always on important questions, abounded in fruitful ideas, and contained real discoveries; which I shall not call incontestible, to avoid here all allusion to debates which are far from us, and which, moreover, could not be renewed beyond the grave.

But worthily to appropriate the laborious and tormented life of him whose name, ever dear to science and to humanity, has just been inscribed on the necrology of the Academy, it would require something more than a funeral oration, simple homage of our remembrance and adieux offered to our honorable and regretted colleague.

Amussat (Jean-Zulima), Doctor in Surgery, member of the Imperial Academy of Medicine (section of operative medicine) and of diverse national and foreign learned Societies, Chevalier of the Legion of Honor, was born in Paris, on the 21st of November, 1796, at Saint-Maixent, department of the Deux-Sevres.

His father is one of those worthy provincial practitioners who know how to honor our profession by their character as much as by their talents, and who practice medicine more as a mission of charity than a career of fortune.

Brought up in his family, young Amussat received from his father the elementary notions of the art, and completed them with Mr. Servan, a distinguished Surgeon of his native country. He manifested from the beginning, a decided taste for medical studies, and was pursuing them actively when the conscription came to suspend their course; and perhaps to arrest it entirely. There was only one way for him to conciliate the exigency of recruitment with the continuation of his career: it was to obtain a commission of assistant surgeon in the army. He was admitted in the month of January, 1814; at the age of 17; and left immediately to assist at some of the battles of the campaign of France. Young Amussat showed then, in the midst of the dangers of war, that courage and presence of mind which, later, were to distinguish him in the practice of the most perilous operations in surgery. Thus it was that, during the occupation of Rheims by a corps of the French army, he never left the wounded, heaped together in a church transformed into a hospital, where the crowding together of sick and wounded brought on typhus fever. He was himself threatened with the disease; but he never left his post before he had attended all intrusted to his care. Thus again it was, that anxious to acquire notions of anatomy, as well as surgical knowledge, he ventured to use his scalpel on some Russian subjects, but surprised in the midst of his dissections, by a detachment of Cossacks, he escaped their vengeance only through his firm and impassable attitude.

Like many other celebrated surgeons, Amussat made his first attempt at surgical operations on the battle-field, where Roux, Lisfranc, Sanson, and others, had preceded him. But soon the campaign was at an end and the army disbanded; the young assistant, liberated from service, repaired to Paris, there to pursue his medical studies. He had but very small resources to live upon, and as he did not wish to remain a burden to his family, he manifested such an ardor for learning, that he attracted the attention of his first masters and gained their favor.

M. Troussel, his guide and his friend, assisted him in finding out the means of taking a part in the anatomical works at the Salpetriere. There it was that he met, for the first time, our eminent colleague, M. Rostan, who from that period, never ceased to show him the greatest sympathy.

Amussat, at the end of his first year of study, had so well employed his time, that he was a successful competitor for junior assistant, and appointed at La Charite, where they gave him a lodging.

There, in the corner of an obscure and unhealthy amphitheater, he spent whole days dissecting. His aptitude for pathological anatomy, attracted the attention of M. L'Herminier, who first attached him to his service and afterwards gave him his affection. Two years after, he was admitted as senior assistant at the Saltpetriere, where he extended and multiplied his anatomical labors. He made the autopsy of the greater part of the subjects left at his disposal. Then it was that, wishing to facilitate researches on epilepsy, and the supposed lesions of the spinal cord, he invented an ingenious instrument, adopted since and used in hospitals, under the name of *rachitone.*

It was at that period also that he began private teaching, to which he remained faithful during the whole of his medical life His first course of lectures was on anatomy, and designed only for some artists; but it showed the importance of that study which has become the object of official teaching at the *Ecole des Beaux Arts.*

Encouraged from that time to go on, he established regular lectures at the Saltpetriere, but after a time the success of his lessons excited the jealousy of certain persons, and he was forced to discontinue.

But if he had lost favor, right was on his side. A place of Assistant to the Prosector of Anatomy became vacant at the Faculty, at the end of December, 1821; it was put to competition, Amussat obtained it, and resumed, doubled, tripled, his teaching, giving lectures on anatomy, surgical pathology, and operative medicine.

Carried away by his zeal beyond his strength, he was anxious of competing for the Prosectorship of the Faculty; but a formidable accident prevented him. An anatomical puncture threatened him with purulent resorption; hardly had he escaped it, than he was attacked with an acute dysentery that put his life in danger. At last he recovered, but from that time his health was very feeble; successive attacks of disease had shattered his frame, and he had to give up the struggles of competitions. He was, indeed, worthy of a place of Surgeon in one of the Hospitals of the Faculty. However, he was obliged to restrain his surgical ambition, and be satisfied with teaching and private practice.

Henceforth, indefatigable worker, he endeavored by constant labor to acquire, in an official teaching, the authority he wanted.

A notice of his scientific labors is sufficient to show all their value, and a rapid sketch of them in chronological order will be enough to bring them to your remembrance.

In 1822, M. Amussat published an essay on the possibility of passing through the urethra of a man a straight catheter.

It is on these new data and their practical consequences in the breaking of calculus, that Amussat rested his claims to the discovery of Lithotrity. The more he tried to vindicate the initiative and intuition of that great discovery, the more opposition he met to the acceptance of pretensions he believed legitimate.

In 1823, his observations on the urethra of man and woman, led him to propose straight instruments in the catheterism, now called rectiline, for the extraction or destruction of foreign bodies in the bladder.

The same year, in a memoir on strictures of the urethra, and forced injections, he made five classes of organic strictures of the urethra, founded on pathological anatomy.

In 1824, his researches on the biliary apparatus had for their object to demonstrate the mechanism of the reflux of the bile in the gall bladder.

In support of his experiments, Amussat exhibited before the Academy an anatomical preparation, the interest of which, added to that of his communication, obtained for him and his first labors a brilliant testimony of interest and esteem.

In 1825, his researches on the nervous system had for their object to demonstrate the disposition of the origin of the spinal nerves.

He explained in another work the communication of the veins with the lymphatic vessels.

In 1826 he brought before the Academy an essay on the anatomical relations of the epigastric artery in the different species of hernia, to which were added practical considerations on a powerful and graduated mode of taxis, of which all surgeons may make useful applications, but which requires much prudence in its use.

In 1826, he read his thesis before the Faculty of Paris, on the Study of Anatomy. He showed the utility of experiments on animals to learn physiology. This interesting essay is addressed to students, to spare them the difficulties which the author himself had encountered in his studies.

From 1827 to 1828, he was engaged in a series of vivisection experiments on traumatic hæmorrhages and the hæmostatic means now in use.

In 1829 he laid before the Institute an *expose* of his researches on the torsion of arteries, and sometime after he read before that body a learned memoir on that subject. He had conceived the ingenious idea, in reflecting on the disadvantages of the ligature, and the curious phenomena of lacerated wounds in which hæmorrhage seldom takes place.

Let us say, however, that he seems to have exaggerated the advantages of torsion, which will nevertheless remain a useful discovery, as it favors the immediate reunion of wounds, and facilitates the practice of operations performed unexpectedly, in the country or on the battle-field.

In 1832, a synoptic table of lithotrity and hypogastric cystotomy, dates the discovery of lithotrity from 1822, the epoch at which appeared his note on the possibility of using the straight catheter in the catheterism of the urethra.

He resumed and commented on this work, later, in a memorable discussion, at the Academy, on the comparative advantages of lithotomy and lithotrity.

In 1832 he published a table of the urinary concretions in man, classified according to their volume and their form, showing the difficulties met with in the practice of lithotomy and lithotrity.

Finding that, in many cases, lithotrity could not cure the disease, but that it might even complicate the accidents attendant on it, he adopted the high operation of lithotomy, and simplified its consequences. He prevented urinary effusions by means of curved gum-elastic canula, introduced through the subpubian wound to the bottom of the bladder, and giving free passage to the urine, without it being necessary to leave a catheter in the urethra.

In 1835, the suture of the intestines became for him the object of interesting researches, from the experiments of Travers on the circular constriction of the intestinal canal, to restore to it its natural calibre.

In 1835, also, experimental researches on traumatic hæmorrhages, marked out the distinctive characters of arterial and venous hæmorrhages, by showing the mortal effects of the introduction of air into the veins, and the advantages of torsion of the arteries.

The same year, an operation for artificial anus, successfully performed on a new-born infant, stamped the origin of the more complete labors of Amussat, on this important question.

An operation for artificial vagina, performed also with success, in 1836, furnished him with the materials of a work, read at the Institute, on the defects of conformation of the vagina.

In 1836, another memoir, read at the Institute, on spasm of the urethra, shows that it is not sufficient, alone, to oppose the introduction of a catheter in the bladder.

In 1837 he advantageously applied cauterization to the treatment of some urinary fistulæ.

In 1838 he recommended, highly, the use of platinum needles in the twisted suture, as offering more advantages than the others.

In 1839, in an important memoir on the accidental introduction of air in the veins, he gave a summary of a great number of experiments performed by him on living animals, and all the known or collected cases in man, during the course of certain surgical operations.

The same year, in a memoir entitled an account of Broussais' decease, followed by some practical observations on the obstructions of the rectum, he emitted the idea that the operation for artificial anus, according to Callisen's method, is preferable to that of Littre, and in a second memoir he modified, advantageously, this method.

He often regretted not having been able to apply it in the case of the illustrious Physician-in-Chief of the Val-de-Grace, whom he had been called upon to attend, and whom he had seen, so to speak, die from day to day.

The retroversion of the uterus in the state of pregnancy furnished him, in 1839, with the subject of a memoir, founded on two cases of unhoped-for success, and on the analysis of the known facts of the same kind, gave different results.

In 1840, in a memoir on the pathological anatomy of fibrous tumors of the uterus, he demonstrated the possibility of extirpating those tumors when they are contained between the walls of the organ.

Two cases, the only ones then known to him, in support of the above demonstration, gave rise to several new questions on the mode of extirpation of these tumors by torsion and by parcelling (morcellement.)

It was also in 1840 that strabismus, and the operation applicable to this deformity, became for M. Amussat and Lucien Boyer the object of numerous researches, and the cause of every kind of tribulation.

Stammering, like strabismus, furnished M. Amussat with numerous opportunities of applying tenotomy in the treatment of this infirmity, but they threw stronger doubts still on the advantages attributed by him to this operation, and drew upon him bitter criticism and violent attacks, which painfully wounded his self-esteem and disturbed his rest.

To make diversion to these troubles, the same year, in a second memoir, read at the Academy, on artificial anus, he related new cases in support of Callisen's method modified, over that of Littre, and in 1842 he read at the Institute a third memoir on the same subject.

In that year, also, under the name of cicatrices d'allongement (long cicatrices), he proposed a simple process to prevent the retraction of the cicatrizing tissue, by vivifying every day the angle or angles of certain tumors.

In 1842, the destruction of internal hæmorrhoids, accomplished by him, by means of the ligature first, and then by cauterization, became, later, the object of an ingenious operation by the combination of the ligature and simultaneous cauterization of the hæmorrhoidal tumors.

In a memoir read a short time after, at the Institute, on the mechanism of the course of the bile in the biliary ducts, he developed the idea emitted in 1824, before the Academy.

Lastly, again in 1842, in a memoir on the disposition of bloody tumors, and the effusion of blood which takes place after wounds of vessels, he demonstrated the existence of a duct, or conducting tract, in the middle of these sanguine collections, and the importance of seeking through this tract, the source of the hæmorrhage, of the divided vessels.

Here, gentlemen, ends the enumeration of the works published by our learned colleague. Their importance as well as their multiplicity shall, perhaps, no longer excite either jealousy or contest; for it is in the very originality of his works that we must recognize the true merit of that eminent surgeon. And this merit deserves so much more to be duly appreciated, that M. Amussat derived it neither from the sources of his first education nor from the advantages of an education, nor from the advantages of an acquired position, nor even from the chances of a future fame; but it resided within himself, in his innate vocation for surgery, in an inventive sagacity for the progress or perfection of the art.

Yes, gentlemen, let us now proclaim it aloud, now that he is no more, Amussat possessed the surgical genius which guesses, invents, or perfects what he has not created.

The summary of his works shall always put in relief his anatomical researches on the urethra, and the application of rectiline catheterism to the practice of lithotrity; his experimental investigations on the biliary apparatus and the course of the bile, on some points of the nervous system, on the anatomy and reduction of hernia, on the operation for artificial anus in the lumbar region, on the pathological anatomy of strictures of the urethra, on the extirpation of fibrous tumors from the uterus, on the torsion of arteries, on the entrance of air in the veins, on traumatic hæmorrhages, on suture of the intestines, on diseases of the urinary organs, and particularly on vesicular calculus, and urethral fistula.

Of all these works, those to which he attached most importance, as questions of origin or priority for the discovery of lithotrity, were then his researches on the possibility of catheterizing the urethra with straight catheters. He has, even, published on that subject a summary exposition of historical documents, and a synoptic table, very extensive, where the part belonging to him in that great question necessarily figures.

The history of the art has registered the chronology of the facts on the important discovery of lithotrity. It is enough.

Let us leave, gentlemen, to every one the merit of his works ; let us not depreciate, after his death, as he was depreciated during his life, him who must nevertheless rank amongst the most ingenious and most expert surgeons of his time.

A skilful practitioner, having acquired early the celebrity attached to his name, he deserved so much more credit for having obtained it, that he could not support his experience or his authority on the title of professor at the Faculty, nor that of surgeon of a hospital, since he belonged neither to official teaching or hospital service.

As an operator, Amussat was a great artist, passionately fond of his profession. He was possessed of that taste and tact which, in surgery, are the *coup d' œil* of skill. He united prudence to firmness, did not shrink from a difficult undertaking, but did not try to show off his talents, or to increase his reputation at the risk and peril of those who entrusted themselves to his care. He knew how to speak to them the sweet language of persuasion, to inspire them with resignation to the gravest, most formidable operations ; and, better still, he knew how to spare them sufferings whenever the resources of art allowed him to fill the most salutary of all indications, that which so well attests the resources of nature, that which every surgeon should endeavor to attain by dint of care, patience, abnegation, and hope,—that indication which has desêrved the so legitimate name of conservative surgery.

But if it was necessary to operate, his firm and skilful hand used, with as much security as success, all the instruments of his arsenal.

Several, invented or perfected by him, testify to the inventiveness of his surgical spirit. It is particularly in reference to the urinary organs, that we must mention the straight catheter, the *urethrotome*, the caustic-case, and the lithotritors, and many other instruments, such as torsion pincers, pessaries, &c., which all bear the stamp of an ingenious idea, or of practical utility.

As a *savant*. M. Amussat had no pretension to erudition, but he was endowed with a rare patience and will, for the research or study of a subject. Persevering, obstinate, in working, he followed an idea until he had arrrived at experimental demonstration, without, perhaps, caring enough for the work already undertaken, with views analagous to his own.

The very originality of his works brought him just rewards. Thus, as laureate of the Institute, he carried several memorable prizes:

One of 2,000 francs for Lithrotrity.
" " 6,000 " for the Torsion of Arteries.
" " 4,000 " for the Introduction of Air in the Veins.
" " 3,000 " for Lumbar Enterotomy.

Placed several times on the list of the candidates for the Chair of Surgery, at the Academy of Sciences, if he had not the honor of being selected, he had the satisfaction of having been judged worthy of it.

As a member of the Academy of Medicine, he received from her the noblest encouragements, the greatest reward of his first efforts, of his first labors, since he was admitted, and almost received with acclamations, in the number of her titulary members, before he had even obtained the diploma of Doctor.

But he never forgot the gratitude that was imposed upon him by that exceptional favor. He faithfully offered to the Academy the premises of his other works, of his new researches, and of his last operations, reading several memoirs, giving important communications, and making diverse representations. Lastly, he shed lustre on some of these memorable discussions.

As a professor; M. Amussat exercised himself in the art of teaching when he was yet only a student; and later, he gave lectures on anatomy, physiology, surgical anatomy, operations, and bandages, and experimental surgery, which were well attended.

He attached to the teachings of this last branch so just an importance, that he thought of making it the subject of a special work. He only sketched it, and furnished the elements of it in his thesis, in his researches on traumatic hæmorrhages, and in his work on the introduction of air in the veins.

He had instituted at his own house surgical conferences; in which he expounded his works and the results of his observations, to French or foreign practitioners invited at these weekly reunions. It is because I was present at several of them, that I am able, like many others, to appreciate all their interest.

In 1830 he gave a course of lectures on military surgery, for which he had asked of me some documents, with the idea of being useful to some of the young surgeons who were going to join the army in Africa.

As a man, Amussat was good and obliging to all, full of gentleness in his intercourse with his fellow-men, affectionate towards his pupils, benevolent to his *confreres,* even to those who did not like him or were jealous of his merits. He attached himself to his patients, and if he required much from the rich, he gave a great deal to the poor. He had, at the beginning of his career, experienced embarrassment, privations, and having attained a fortune, well acquired by constant labor, he was generous and charitable, without ostentation.

Allow me to recall a well known fact, or rather a forgotten one, before bidding a last adieu to our excellent and so to be regretted friend.

In 1831, the widow of a most honorable physician found herself reduced to indigence; she hardly dared to implore the compassion of her husband's professional brethren; she addressed herself to M. Amussat, who first saved her from misery, and immediately conceived or accepted from an honorable *confrere* the idea of founding a mutual assistance association amongst physicians. He had a meeting with some of these, and his project was adopted without opposition. Statutes definitely constituted the association, which took the name of *Society de prevoyance.* It lasted two years, and the good it was able to accomplish in so short a time, shows what could be expected from an institution established on a more extensive scale and officially authorized. The illustrious Dean of the Faculty accomplished this work, which he so well directed during the rest of his life; but let us not forget, gentlemen, that the foundation of Orfila is a work inspired by the happy initiative of Amussat.

As a friend, as a relation, Amussat was full of the tenderest feelings and devotion for his own family. He was first the support of his mother and his three sisters, whom he treated as his own children, and whom he brought up and married. A model of filial tenderness and piety, he supported also his venerable father, now 90 years old, and destined to survive him if he is not dead on hearing the fatal news.

He leaves behind him a much sorrowing son, already known in surgery by useful publications. He will also be deeply regretted by his brother of adoption, who long had a share in his labors, his affections, and his griefs.

Oh, that he had long ago listened to the prayers of his pupils and of his friends, and taken the rest he needed.

M. Amussat died at the age of 50, on the 13th of May, in the night, after a few days' illness only, and almost without any other suffering than a gradual giving way of all his strength. Symptoms of diptheria and vesical paralysis showed themselves, it is true, in the last moments; but definitively he fell under the constant fatigues of that hard profession which kills so many physicians, exhausted in trying to make their patients live. He died as he had lived, full of courage and resignation.

Farewell, then, dear and excellent colleague; I wish a more authorized or more intimate voice than mine, had traced all the labors of your life, and expressed all the regrets that shall follow you to the grave, and offered to your memory a homage so well merited.

May I, at least, have been the interpreter of the Academy in this last adieu.—*Am. Monthly.*

ART. III.—*Uncontrollable Vomiting in Pregnancy.* The attention of physicians has of late been directed toward the subject of excessive vomiting during pregnancy, with a view to discover some more efficient mode of treatment than that usually employed for this unpleasant and sometimes alarming symptom. Although the cause of the vomiting has always been recognized as seated in the uterus, yet the means at our disposal for ascertaining the condition of that organ having until lately been litned, it has been necessary to treat the disease as one of the stomach, and to address remedies chiefly to that organ. It is needless to say that in many cases this mode of treatment is ineffectual. Instances now and then occur in which, in spite of the employment of prussic accid, creosote, alcalies, acids, narcotics, leeches, blisters, sinapisms, the vomiting still continues unabated, or increases, sometimes to such a degree as to render necessary the artificial induction of abortion as the last resource, and that a doubtful one, in order to save the life of the woman, if indeed that result does not follow spontaneously the violent contractions of the stomach.

It is now well known that in these cases there is often something more than the presence of the ovum in the uterus, and theenlargement of this organ, to account for the sympathetic irritation of the stomach. The speculum often reveals various morbid conditions of the cervix, and since the removal of these conditions, or their diminution, by appropriate local treatment, is followed by a cessation or diminution of the vomiting, it is fair to attribute this exaggeration of a natural phenomenon to a morbid condition of the parts which are concerned in its production. An interesting case confirming this view, which we see reported in a foreign journal, suggested to us the above remarks, and believing that it may serve to call the attention of others to this interesting subject, we give a brief abstract of the paper, which was read by Dr. Brain, before the French Academy of Medicine.

A woman aged 25, of good constitution, became pregnant for the third time at the beginning of March 1856. In the middle of April, vomiting began, and continued, gradually increasing in frequency and violence. About the first of May, the patient was obliged to keep her bead. The stomach soon became incapable of retaining or digesting any thing. Severe gastralgia, thirst and constipation followed, combined with spasmodic movements, profound depression and emaciation. After all remedies which could be thought of had been tried, a vaginal examination showed that the uterus was completely retroverted, and incarcerated in the hollow of the sacrum. It was disengaged from this situation, and placed in its normal position. Immediate relief followed, and the vomiting ceased, to return no more.

It does not necessarily follow that because obstinate vomiting is sometimes owing to a definite source of irritation seated in the uterus, this effect should always follow such local cause. Women in whom there is every reason to believe that the so-called ulceration, or the grannular condition of the cervix exists, may go through pregnancy without unusual vomiting, just as these same conditions are sometimes found after death in persons who never suffered during life from leucorrhea, bearing-down pain, or other troubles usually associated with them ; but the fact the two sometimes, perhaps often, stand in the relation of cause and effect, is a sufficient reason why the uterus should always be examined in every case where the vomiting cannot be controlled by general remedies, that any abnormal condition may be rectified by appropriate treatment.—*Boston Journal.*

Art. IV.—*On the comparative value of Amputation at the Knee-joint and of the thigh.*

M. Baudens states, in a recent communication to the Academy of Sciences, that the above question is one of those that have engaged his attention during his directorship of the French army in the East. He found that the opinions of all the medical officers whom he consulted, whether in the Crimea, Constantinople, or the military hospitals at Marseilles and Toulon, were in favor of disarticulation of the knee whenever the amputation of the extremity could not be performed below the patella. And, in fact, the disarticulation of the knee has succeeded in a given number of cases oftener than the amputation of the thigh even when performed at the lower third.—But the disarticulation is only to be preferred upon one express condition—viz: that it be performed immediately after the receipt of the injury. Consecutively, amputation of the thigh should be preferred. This second statement agrees in every respect with all that he has observed, written, and taught during the ten years he has been at the head of the Val-de-Grace. The excellent results of disarticulation of the knee, especially recorded in his Clinical Observations upon Gun-shot Wounds, were obtained in soldiers who had just been wounded on the field of battle. This difference is the results derivable from immediate and secondary amputation at the knee joint, depends upon the fact that even in a state of health the size of the bones is not in accord with the amount of soft parts—a disproportion that becomes still greater when the patient has lost flesh during prolonged suffering and abundant suppuration.

In another communication, M. Baudens observes that, although the surgeons of the Sardinian army in the Crimea hesitated to employ chloroform, those of the French army have used it in twenty-five thousand cases without any accident resulting. It was always administered with great care, so as not to go beyond the production of insensibility.—*Comtes Rendus*, t. xli.

Art. V.—*Results of the Quantitative and Qualitative Analysis of Homœpathic Medical Preparations.* By Edward H. Parker, M. D., of New York City. Read before the New Hampshire State Medical Society. (*From the Transactions.*)

During the last two years my attention has been repeatedly called to the drugs used by gentlemen professing to practice medicine, "homœpathically." In consequence of my observations I determined, as opportunity offered, to obtain specimens of the remedies actually used by these practitioners, and sold by various pharmaceutists, and to submit them to an experienced chemist for analysis. This has been done in three instances, with the following results :

The first analysis was made of the contents of two vials marked respectively *Mercurius Solibilis,* and *Arsenicum.* This is their history.

A gentleman with whom I had become acquainted in some business connections, often talked to me of his health, and of the treatment to which he was subjected by a prominent homœpath of this city. Among other powders he showed me some which he was taking, and which I was sure contained a notable quantity of nitrate of silver. He also praised the treatment to which his child was submitted when it had a diarrhœa from teething, or other cause. A gray powder and a white one were given alternately, and the child liked to take them. His wife kept them constantly by her, and if the child had a discharge from the bowels which she thought was a little too loose, she would give her a few doses of these powders. She thought, however, that the blackish powder (*merc. solub.*) did the most good. My friend constantly urged me to try them, for, I think that because I did not rail at homœpathy, but spoke of its practitioners as I would of other gentlemen, he had some hopes of converting me to his faith, than which I can conceive of no more preposterous supposition. Finally, I requested him to procure for me some of the powders he was using for his child. This he did, and I placed them in the hands of Dr. Arthur Du Berceau, of this city, who is a skillful analytical chemist. This is his report :

One hundred parts of which powder, marked *Arsenicum Alb.*, contains 1.111 of *Arsenious Acid.* The remainder is *cane* sugar. The second, marked *Solubilis Mercury*, contains in one hundred parts 11.10 of *Metallic Mercury.* The remainder is *cane* sugar.—The mercury was in the condition of black oxyde, obtained by the reaction of proto-nitrate of mercury and ammonia.

The mother, when told of the amount of mercury and arsenic which she had been giving her child, was horrified, and has since used them less indiscriminately.

At my request, the same friend purchased for me a case of medicines of a homœpathic druggist. It is like those which he ordinarily sells for family use. This I also placed in the hands of Dr. Du Berceau, and he obtained the following result :

In the bottle marked Calc. Carb., 100 parts of powder contain 1.066 Carbonate of Lime.

In the bottle marked Carb. Vegetabilis, 100 parts of powder contain 0.500 fine Charcoal.

In the bottle marked Arsen. Alb., 100 parts of powder contain 1.120 Arsenious Acid.

In the bottle marked Mercur. Solub., 100 parts of powder contain 1.350 Metallic Mercury.

In the bottle marked Hepar. Sulph., 100 parts of powder contain 0.900 Sulphur.

In the bottle marked Stibium, 100 parts of powder contain 0.500 Oxyd of Antimony.

In the bottle marked Sulphur, 100 parts solution contain 1.100 Sulphur.

In the bottle marked Phosphorus, 100 parts solution contain 0.430 Phosphorus.

The fluid contents of the vials in this case, with the exception of the last two in the preceding list, were not examined, partly because I wished to preserve them to satisfy the minds of those who might desire to see for themselves, and partly because it is so difficult to do anything more than to ascertain the quantity of solid matter which remains after the evaporation of the menstruum. The qualitative analysis of organic substances is well known to be one of the most difficult and uncertain of the operations of the chemist. The sugar in these powders was that obtained from milk.

It will be observed, that in this instance arsenic and soluble mercury are the strongest preparations, though the latter does not compare in its amount of metallic mercury with the proportion found in the first analysis. These two remedies seem to be great favorites with homœpathists, being frequently prescribed by them. Why this is we now understand.

About the same time I obtained a set of preparations which had been used by a physician who determined to try his hand at homœpathy, and took advantage of the position which he occupied in one of the dispensaries of New York, to make the experiments.—After his resignation, the preparations which he had been using were left in the hands of the apothecary of the institution, and some of them were selected by me for analysis. They were purchased at a different shop from those which were before analyzed, and the direction given was, that when about two-thirds of the vial in any bottle (they were all solutions,) were used, the vial should be filled up with proof spirits. This will, perhaps, account for some of the variations in the strength of the preparations. It was found that there was of—

Tincture Silica, in 100 parts 0.025 of Silica.

Tincture of Hepar. Sulph., in 100 parts 0.050 of Hepar. Sulph.

Tincture of Baryta Carbonica, in 100 parts 1.450 Carbonate of Baryta.

Tincture of Calc. Carbonica, in 100 parts 0.500 of Carb. of Lime.

Tincture of Arsenica, in 100 parts 0.025 of Arsenious Acid.

Tincture of Carb. Vegetabilis, in 100 parts 0.050 of Charcoal.

Tincture of Mercurius Solub., in 100 parts 0.100 of Solub. Mercury.

Tincture of Lachesis, in 100 parts 0.025 residue after evaporating the alcohol.

Tincture of Sepia, in 100 parts 0.025 residue after evaporating the alcohol.

Some of these preparations, as the Baryta, Carbonica, contained a thick sediment which carried up the percentage. The other preparations which were left were vegetable, and were therefore excluded from the analysis.

These are all the analyses wich I have yet caused to be made, but they are somewhat instructive. The first two preparations were obtained by the direction of a homœpathic practitioner, and one of those, the *merc. sol.*, is more than one tenth pure mercury, the proportion of the oxyd being consequently somewhat greater. The "arsenicum" contains 1.112 parts of arsenious acid, while the usual form in which arsenic is given, viz : Fowlers solution, contains one-half a grain to each fluid drachm, the dose for an adult being about ten drops.

The second analysis was of drugs sold for "family use," and it is observable that the *arsenicum* is even richer in arsenious acid than the first. The *mercurius* has a much smaller portion of metallic mercury, and yet there is sufficient in it to produce all the effects of this metal when given in small doses. The tinctures accompanying the powders, are so near as I can tell by the ordinary mode of examination, of as great if not greater strength than the corresponding preparations used by physicians. Though contained in small ounce vials, their color is marked—the Rhus Toxicodendron, for instance, being of a deep olive color, as is also the tincture of Dulcamara Ipecacuana, aconite, arnica, cantharides, all give tinctures of decided color in these small vials. The aconite, indeed, I have used for patients, and find that it produces the same results that ordinarily follow the use of saturated tincture. Having occasion to use tincture of chamomile, I had some made by druggists, and filled one of the vials with it. The color of the homœpathic preparation was quite as marked as the other. The tincture of *china* which being translated means *cinchona,* is a good, simple tincture of Peruvian bark.

The third set consists of much weaker preparations, and yet here it is noticeable that, excepting the carbonate of lime and carbonate of baryta, *merc. solub.* stands highest in its proportion.

If an average is made of the per centages, of these three analyses we shall have this result: for the first 6.056, for the second .745, for the the third .250. In contrast with these figures others may be put, showing the percentage of the drug which is left, in preparations made according to the directions of Hahnemann for potentizing medicines. The first dilution has in 100 parts 1 of the drug. The second dilution has in 100 parts .01 part of the drug. The third has in every 100 parts .0001 part of the drug. Beyond this it is not necessary to go; though every one remembers how much stress was and still is laid upon high potentization, those who use the thirtieth dilution being considered very moderate. The two hundreth is much preferred by some, and yet the weakest preparation of these three classes, obtained from direct sources, is stronger than the second dilution.

It may be asked how it is that such an abandonment of "potentizatien" should have occurred among homœpathists themselves, for these drugs came from their pharmaceutists, from the shops patronized by all the prominent men of that school in this city. The The question can be answered only by referring to the positions which they now occupy. If these gentlemen are shown such proofs of the strength of these preparations as these analyses afford, or such as the very appearance of their tinctures gives, they will not for a moment deny that we are correct, or that there is anything in this which is inconsistent with homœpathy. They will say they are *homœpathists,* but they are not *Hahnemannists.* O no! not they. How could one be so stupid as to make such a blunder? They believe in the doctrine *sim lia similibns curantur,* but they do not find that potentization as taught by Hahnemann is borne out by experience. To be sure, this is no more than the whole medical profession has been saying ever since the absurd doctrine was propounded, and it is no more than common sense teaches ; but if one suggests this to them, and congratulates them on their returning senses ; he gets very little thanks for his trouble. The fact, however, of this entire change of position should be more generally known and appreciated by the profession than it is, so that we may not waste time in assailing a position which has been entirely abandoned. It is safe to attribute any supposed effect of a decillionth of a grain of charchoal to imagination, but it is not quite safe to attribute to the same influence the effects of five drops of saturated tincture of aconite. Under these circumstances it might happen that a homœpath and a physician would both treat a patient in the same way, their only difference being in their process of reasoning. Both give quinine in intermittent fever ; the homœpath because, as he alleges, it will produce in a healthy person similar symptoms ; the physician because he believes it will produce symptoms unlike intermittent fever. He is no *allo*-path. It did in fact happen to a friend of mine to be asked to see a patient who was under the care of a homœpath, not in consultation with him, but because he was desired to give his opinion whether or not it was safe to trust the patient still longer under his treatment. The disease was typhoid fever, and he found Spiritus Mendereri and all the usual remedies in ordinary doses, the patient doing very well. He could not but say to the attendant, "if this is homœpathy I am a homœpath." To be sure the physician may write a prescription for *cinchona* and the homœpath may write for *chiua ;* or the one for *hydragyri oxidi nigri,* and the other for *merc. solub.;* one for *antimony* and the other for *stibium,* but both mean the same thing, and the patient will receive the same drug.

It is a question of practical interest to the profession to ascertain what there is of good, if any, in homœpathy. Almost every "new school" enables us to gain some profitable suggestions, which repay the labor of sifting them out of a large mass of chaff. The Hahnemannists have tried experiments in the treatment of diseases with nothing which we should not have been justified in making, and they have thus taught us something in the natural history of disease. In their progress from infinitesimals to large doses, it has been necessary for them to conceal the change in their medicines, and therefore they have studied the art of giving medicines in the most aggreeable, or in the least offensive form, and in this respect we can learn something from homœpathy. The old school of practitioners, who, when called to a patient's house, seemed to make it their first duty to fill it with eight-ounce vials, have not entirely passed away, neither have their abominably tasting compounds entirely disappeared. The big bottles, their table spoonful doses, their nauseous mixtures, have driven and still do drive family after family to homœpaths, simply because it is not human nature to desire to drink such a mixture as tincture of aloes and asssfœtida with castor oil and turpentine in equal parts, a wine-glass full at a time, if almost tasteless water or a sweet powder will accomplish the same good.—To doctors, even, when they fall sick, an agreeable draught is preferable to one the very thought of which stirs them to their lowest depths.

It is not necessary to point out the mode in which concentrated tinctures can be made to supply the place of less powerful preparations. Neither is it necessary to do more than hint at the frequent desirableness of giving small doses often, rather than a single large draught. A few drops of aconite tincture, in water, is vastly pleasanter than even spiritus mindereri or sweet spirits of nitre. The dose of Vorwood's ueratrum viride is much pleasanter than infusion or even tincture of digitalis.

But the lesson is more important with reference to powders. For adults, solid substances can usually be given in pill form, but there is no necessity of rolling them in powdered aloes. To this day I cannot rid myself of the remembrance of the disgust with which I used to swallow pills so coated, and with difficulty convince myself that the druggists now use only liquorice or mere tasteless powders. Still, for these pills we need not select the most bulky drugs. The active principles of plants, when isolated, aid us in diminishing our pills, and will, still more, when their powers and properties are fully tested.

Children, however, do not readily swallow pills, and agreeable powders are often a great desideratum while treating them. A child's life may depend upon his taking remedies willingly and without compulsion. Thorough trituration of the drugs with sugar seeems to accomplish this best, especially if, when it is practicable, the doses are divided, but repeated oftener. The homœopathic dispensatories direct that powders should be placed upon the tongue and allowed to dissolve, when they are to be washed down with a good draught of water. There is some philosophy in this, for the dissolving of sugar first gives the impression to the nerves of taste, and the water washes down the balance almost untasted. In the minds of children, moreover, the first taste seems to be associated with the fact of taking the powder, while the second and more disagreeable one is not remembered against the dosing. To avail one's self of this fact, it is necessary that the sugar should be reduced to an impalpable powder; otherwise the end is not obtained. If for instance, ordinary crushed or granulated sugar is used, it will be found that it is not an actual powder, but a mass of more or less complete crystals. On mixing a powder with these it either falls to the bottom, or, clinging to the crystals, coats them over. In this condition the sugar is less readily dissolved than when in powder, and in addition, each crystal is covered on its outside with the drug, which is first dissolved and gives its taste to the whole mass. Here, then, is the advantage, and the only one, of the triturations recommended by Hahnemann.—*Am. Med. Monthly.*

ART. VI.—*Hospital Gleanings. Conservative Surgery as regards Limbs and Joints torn by Accidents; Statistics of Resection.*

A true system of conservative surgery, based on observation and induction, must be an object of anxious and pains-taking interest to all surgeons. It is not the mere figures or notes of this or that surgeon that can exclusively decide anything at all in this department. In regard to resection, in particular, what is wanted is a comparative view of all the cases, with especial regard to the hygienic or other conditions unfavorable to the operation. This subject has indeed been just touched on by Mr. Jones, of Jersey, in his comparison of the results of all the London hospitals. The French military department, also, in the hundreds of cases of disarticulations in the Crimea, in the thousands of cases of amputation; and in over a hundred of resections, by carefully comparing one set of cases with the other, and correcting the death rate percentage in resections by the horrible and frightful death rate in amputations, and in the army generally, have also, in their government reports, gone well into the subject, and have done an immensity to clear up the fallacies of what is empirically called conservative surgery. We strive to do more in a resection than in an amputation;

and the Paris surgeons fairly ask, Is that more worth the increased risk? We not only strive to save life, they say, but strive to secure almost a second life, the means by which a patient lives—his leg or arm. We should take care, on the other hand—and the conscientious provincial or London surgeon is right in taking care—of mere figures or statistics, remembering that there is a conservatism that loses a life and saves a limb, or gives us a mere operation; for he is the true conservative (like our friends in the Crimea) who saves both, or at least saves life. In the best set of cases ever published, there are thirty-one resections of the knee, and five deaths. Mr. Syme and Mr. Butcher are our best guides in civil, as the French military surgeons are in military practice. Mr. Syme gives his last twenty cases of amputation of the thigh without one death. We must compare this with thirty-one resections of the knee, and five deaths; but in resections of the elbow there is no controversy at all.

In knee cases, one uses the word "induction" unwillingly. But induction, to be useful, must come after *analogies of cases of another kind*, as well urged by old hospital surgeons. In some ten or twelve knee-joint resections in the hospitals, twelve months old, there is nothing new. We here give some cases of another kind, bearing not remotely on the subject.

In a remarkable case, at present under the care of Mr. Wormald, the man was brought to St. Bartholomew's Hospital with dislocation of the foot inwards; both tibia and fibula were thrown off the astragalus, in the opposite direction. As the experience of St. Bartholomew's, with its magnificent hygienic arrangements, is in favor of assisting nature, even in such terrible injuries, Mr Wormald reduced the dislocation under chloroform, and for several days hoped he had secured another triumph for the cause of conservative surgery, but he was obliged, ultimately, thirteen days after admission, to have recourse to secondary amputation.

C. B——, aged 34 years, was admitted August 22d. He states that he was driving a coal van, when the hind wheels flew off, and threw him heels over head out of the driver's seat, right smash against the curb-stone. After the reduction of the injury under chloroform, he was treated with beef-tea, eggs, liquor cinchona, etc., varied a little subsequently, (Sept. 1) to wine and quinine. On September 4th, the thirteenth day, it was found necessary to amputate. All that is known, perhaps, of excisions or resections of joints in cases anything like this one, corroborated very forcibly by the vast statistics of the military hospitals, is that excision is not a milder operation than amputation, as a patient may advance towards death by excision, but then be saved by amputation. "Excision of the knee-joint," according to some very recent observations of Mr. Erichsen, "may be performed in some *selected* cases with advantage, but it can never become a general operation as a substitute for amputation of the thigh." An immensity, as Mr. Wormald remarked in his case, depends on the condition and age of the patient, in all cases, as, a little before, he had a case where the astragalus was laid bare, yet it did well! Excision of the elbow might, perhaps, and ought to be practised in almost all the cases of chronic disease of that articulation, according to Mr. Erichsen, in preference to amputation. He has had eight or more cases, with only one death, and even that unfortunately from pyemia. All operations of the upper extremities form a category by themselves, which cannot be fairly compared with that of cases of the lower limbs. In two cases thus by Mr. Wormald, we find in one all the bones of the foot torn literally away from the astragalus, yet it did well; while in the present instance, not so severe, he was obliged to amputate. Some surgeons, relying on mere statistics, look upon it as a "jumbling" of cases together, when anything disturbs the "vanity of figures," but there is no intricacy or jumble now in the subject, but what can be readily removed by starting from fresh ground.

There is a case in St. Thomas's Hospital, I. Quinton, aged 36 years, of bad compound fracture of the left leg, where Mr. South had recourse to primary amputation by the circular operation below the knee; here the conservatism of a life has repaid the conservatism of nothing else, Mr. South agreeing with an old writer, that it is better to live with three limbs than die with four.

In a child, aged five years, S. C., under the care of Mr. Curling, at the London Hospital, admitted in May, and still under treatment, there was compound comminuted fracture of the femur, which was thought at the time to be a case for amputation at the hip, but as the friends, we believe, objected, (though the recommendation was the very best that could be given), Mr. Curling tried, with great success, to save the limb. The child is quite cheerful up to the present (Sept. 10), and will, in all probability, have a useful limb. Nothing could have saved this case, perhaps, if it were knocked about in the bad hygienic and atmospheric conditions of the Crimea or Scutari.

In a case of compound fracture of tibia and fibula, under the care of Mr. Solly, in a heavy, rather unhealthy man, a laborer in Woolwich Arsenal, admitted into St. Thomas's Hospital August 16, he has succeeded in saving the limb, at least up to the present date (Sept. 10.)

In another instance or variety of injury, in the London Hospital at present, a woman, E. D., aged 42 years, treated by Mr. Wordsworth, there is a fracture of the internal malleolus alone. The woman says she was going around a corner of a cross street, and slipped off the curbstone, at the same time thrusting out her leg, which was broken. These cases, though not the same as resections, are found to run parallel with the resections, and to throw much light on the subject; showing, in fact, that almost every case differs from almost every other case; that resections of the knee have been all overrated as operations; that the conscientious surgeon will first, as Mr. Skey observes, think of the patient's life more, and of cutting and sawing less.—*Assoc. Med. Journ. Sept.* 13, 1856.

ART. VII.—*Notes made during a recent Visit to some of the Hospitals of Paris.*

LA PITIE.—I found M. Maisonneuve injecting iodine into a large deep seated *accute abscess of the thigh*, apparently connected with the knee-joint, and consequent, I was informed, on an operation for the division of stricture performed by him some days ago. The man had been out of health at the time of the operation, and appeared to me to be in a very precarious state. The canula was left in the wound to afford a vent for the iodine and the pus.

His mode of operating on *strictures* is peculiar. He kindly explained the whole process to me, and showed me his instruments.—He commences with very small elastic bougies, which taper towards the end so as to be scarcely larger than a thread. One of these he contrives to pass through the stricture, however tight it may be. I was told that he shows great dexterity in this procedure, seldom failing to overcome the difficulty in a short time. He has these delicate bougies of many sizes, and to the end of the handle of each a delicate silver worm is attached. When he is conscious that the bougie has entered the stricture, he screws on to the handle of it a delicate silver tube with a slit along the convex side of the tube.—The bougie is now carried on before the silver tube into the blader, and the tube, following the bougie, enters and passes through the stricture. He next carries along the tube an iron wire, with a delicate lancet-shaped blade appended to it, which projects through the slit just mentioned. This being carried down the urethra along the tube, does not touch the healthy part of the urethra, owing to its size ; but when it reaches the stricture, and impediment is felt ; and if it be pushed on, it incises the edge of the stricture. This may be repeated two or three times, if necessary. The silver tube, with its wire and cutting blade, is now withdrawn, dragging the bougie after it. The incision of the stricture has made way for a larger bougie, which is accordingly introduced. Upon the handle of it is screwed, in the same manner as the silver tube upon the first bouge, an instrument resembling the "bistourie chaché" of Dupuytren ; but cutting in a part only of the length of the blade. This is made to follow the bougie through the urethra ; and by it a free division of the stricture is made. A full sized elastic catheter is now introduced and left in the bladder. Two patients, on whom he had operated the day before, were doing well. He withdrew the catheter in each instance, and left it out. The several stages of the process appeared to me to require too much delicacy of manipulation to come into general use. Though it may succeed in the dexterous hands of M. Maisonneuve, I fear it would fail in most others. He told me that in some cases of complete retention and impassible stricture, he had punctured the bladder above the pubes, and, through the aperture there made, had passed a catheter or bougie by the bladder from behind forwards through the urethra to the stricture.—Then cutting down upon it and dividing the stricture, he had succeeded in introducing a full sized catheter by the natural route into the bladder. Other surgeons, he said, had upon his recommendation, adopted the same practice with success. He informed me that he had practiced Syme's operation, but did not like it, preferring the incision from within by the bistoury passed through the stricture in the manner I have described.

To remove *cancerous or cancroid affections of the face*, which are not within easy reach of the knife, he employs long, pointed, slightly curved sticks of caustic, made of chloride of zinc and paste moulded into the required shape, and then baked so as to be quite dry and hard. He first makes punctures with a bistoury, extending from the circumference of the cancer to beneath its centre, and, inserting the sticks of caustic into them, leaves them. The sticks being nearly as large as a cedar pencil, and placed pretty close to one another, cause the whole diseased stricture and some of the adjacent healthy tissue to slough out as one black mass, leaving a healthy granulating surface behind. I saw one case in which nearly the whole superior maxillary bone, and another in which a considerable part of the external wall of the orbit had been cleared away by this means. Both appeared to be doing well. This is evidently a most effective mode of applying caustic in such cases, and one which enables the escharotic to act at a much greater depth than any other plan that I have seen employed.

M. Maisonneuve next showed me a case in which an *operation for vesico-vaginal fistula* had been completely successful. The patient was a middle-aged woman. The opening between the blakder and vagina had been large, and the case so unfavorable that M. Jobert, at the Hotel Dieu, had declined to operate. M. Maisonneuve began by dissecting the bladder from the fore part of the uterus, then pared the edges of the fistula freely, and finally approximated them with several points of simple interrupted suture. The wound had healed completely, and the bladder held nearly half a pint of water, which I saw him inject into it from the urethra.

Lariboisiere.—This magnificent model hospital has been built within the last ten years, at the enormous cost of £850,000; the chapel alone, not yet completed, costing £16,000. It contains rather more than six hundred beds. It is well situated on high ground near the Northern Railway terminus; incloses a square garden of considerable size; and the several wards run out from the terraces that surround that garden, so that each forms almost a detached building, and is exposed to the air along its two sides and its end. Nevertheless, a complicated, highly expensive, and, I should have thought, almost unnecessary system of ventilation is employed.—The air, conveyed to the lower part of the building from a height through a tubular tower, is, by means of fans worked by steam engine, driven, through tubes which permeate the building, into the wall communicating with tubes that run up, chimney-like, to the roof. Thus a continual current is maintained in the wards. In cold weather, the supplied air is warmed by passing over tubes containing hot water. The windows were all shut, and the wards struck me as being rather close. I confess that I doubted whether much was gained by this substitution of an expensive and complicated artificial system of ventilation for the simple, natural, and more direct one by windows and doors.

M. Chassaignac was delighted when I told him that I had used his *ecraseur;* that it had been employed by Mr. Terry, of Northampton, and other English surgeons. He remarked that it seemed to be more known, and to have gained more favor in England than in France. He employs it for the removal of the breast, having previously isolated the part by the knife, and in various other cases, more particularly in hemorrhoidal tumours, of which he has removed a hundred with only one fatal result. The unfortunate termination in that case was attributed to the patient's health being indifferent and the bowels loaded before the operation. Hemorrhage rarely occurs. It has happened to a considerable amount in a patient recently operated on, but ceased spontaneously, and the man was doing well. He introduces into the rectum a tubular instrument, from the extremity of which, when it has reached the proper height, a quantity of small hooks are projected, umbrella-fashion. By this the mucous membrane is drawn down and held. He sometimes finds it necessary to surround the base of the hemorrhoid with a ligature, so as to form a pedicle upon which the chain of the *ecraseur* may be applied. He showed me a testicle affected with malignant disease, which he proposed to remove by the same instrument. I learnt at M. Charriere's and M. Luer's, the celebrated instrument makers in the Rue de l'Ecole de Medecine, that a difficulty had occasionally been experienced in completing the division of the part to be removed when it was of large size or was surrounded by thick skin. To obviate this difficulty, and to give greater power to the operator, they have deviced ingenious modifications of the *ecraseur;* with what result it remains to be proved.

M. Chassaignac employs the plan of *cold water dropping* a good deal in the treatment of inflammatory affections. The apparatus is very simple. A can, holding about two quarts, with a small tap by which the size of the stream can be regulated, is suspended at the requisite height above the part to be watered. A man with chronic conjunctivitis, placed his face about a foot beneath the tap and turned a small stream upon his eyes separating occasionally the eyelids so as to expose the inflamed part more fully, and subjecting the eyes to it alternately. He said he had derived much benefit from the treatment.

Nitrate of silver is a very favorite remedy, M. Chassaignac sponging most of the wounds with the solution and dropping some into most of the inflamed eyes, rubbing the eyelids with his fingers so as to secure the contact of the solution with all parts of the conjunctiva, and singularly regardless of its contact with himself.

For *long sinuses or extensive abscesses*, he institutes drains by means of India rubber tubes, perforated at various parts of their length so as to facilitate the flow of discharge along them. These tubes are carried through the abscess in various directions, and appeared to answer the purpose well.

Small abscesses he opens with a sacrificator, which does its work very expiditiously; and, making two, four, or more openings, gives free vent to the discharge.—*Assoc. Med. Journal*, Oct 4, 1856.

Art. VIII.—*Influence of the Climate of Peru on Pulmonary Consumption.* By Archibald Smyh, M. D.

The various climates of Peru, as changed or modified by the measure of elevations from the sea, and other local causes, are not merely curious to the meteorologist, but more especially interesting to the physician; they are, above all, important in relation to the development in some localities, and the disappearance in others, of phthisis; this point I shall now endeavor very shortly to illustrate.

1. *What are the Localities or Climates in Peru in which Phthisis is most and least Prevalent?*—This disease is properly a product of the warm and humid valleys of the coast, such as that of the Rimac. And from Lima, where you have an extensive view up this valley, to the loftiest snow-clad peaks of the Cordillera, every gradation of climate is unfolded in the intervening distance, that one would have to pass through, in a voyage of many days, from Callao to Cape Horn. And in the inland glens beyond (as in the oft-mentioned vale of Huanuco), we have noticed how the extremes of climate are brought within much nearer limits than those embraced even in this picturesque and imposing bird's eye view from Lima—especially from the bridge, looking eastward. Nor is there, in all this range of climate, a locality in which phthisis is more prevalent than in the mild and equable temperature of the capital and its immediate environs.

Piura, the most northern province of Peru. though within two or three degrees of the endless moisture and vegetation of the Equator, is yet the most hot and arid in the republic. Its maritime district is also considered the most healthy on all the coast, and remarkably free from pulmonary disease or consumption. In the pastoral sierra —viz : on the lofty slopes and colder plains of the Andes, pleurisy and pneumonia are not unfrequent; and sometimes terminate in the worst manner, by suppuration or gangrene, when left, as usually happens in remote Indian villages, without medical assistance. Phthisis pulmonalis is, I am persuaded by a long residence in these mountain regions, little known to the native population, except as imported to the hill-land from the coast. In those warmer valleys in the centre of the Andes, where the temperature is sufficiently favorable to the growth of the banana and sugar-cane, we meet with frequent development of hepatic disease ; and when the climate is particularly warm and humid, as in the province of Huamalies, on the borders of the Montaner, we even meet with severe examples of ague ; and these situations are but ill calculated to restore the health of a consumptive invalid. I resided for several years in the vale of Huanuco, which—as previously mentioned—is dry, and free of malaria, at an elevation varying, as it extends along the banks of the river, from six to seven thousand feet above the level of the sea, with the thermometer rarely, throughout the entire year, above 72°, or below 66° Fahr. in the shade. But this climate, though equable, did not prove favorable to the cenvalescence of phthisical patients brought there from other parts of the country ; and I cannot say that I ever saw a case of phthisis originate in that locality. In like manner the eold—often damp and variable, and always highly rarified—atmosphere of the mining district of Cerro Pasco, and other localities near the snow-line, is unfavorable to recovery from Phthisis. But Huarriaca, which lies in the descent from Cerro to Huanaco, is very favorable to such recovery, as I had frequent ocaasion to test when at the mines ; whence we usually sent our patients from pulmonary affections to convalesce at this desirable place, distant eight leagues of pretty rapid descent from the silver mines of Cerro Pasco. Huarriaca is in climate very like Obrajillo, on the western slope of the Andes, and is one of those recesses in the Andine glen and defiles very productive in maize, corn or wheat, potatoes, beans, and natural pastures on the heights, as well as cultivated lucern on the straths. Such, indeed, are the marked localities, blessed with a steady temperate climate, and a dry air of about 60 deg. Fahr. in the shade, as well as sunny cheerful sky throughout the greater part of the year. Such are the localities where phthisis proper, or tubercular disease of the lungs, is only known as an exotic!

2. *The Proportion of Deaths by Phthisis compared to other Diseases on the Coast of Peru.*—This proportion, for want of satisfactory statistical returns, can only be answered at present in respect to the capital, and even there only approximately. From data before me —let us take the mean of ten years, say from 1841 to 1850, inclusive—the average may be struck at 3,200 deaths annually, of all diseases, in Lima. Of this gross sum, the monthly hospital returns account for 1,700; while a somewhat less proportion—viz: 1,500, are indiscriminately entered in the report of the general cemetery under the title "various diseases." But from the more specific evidence as to details, furnished by the hospital reports, I will here state the average mortality for the ten years, given, in 1,700 cases yearly, as follows:

From fever,	600
From dysentery and chronic diarrhœa,	480
From pleurisy and pneumonia,	160
From phthisis pulmonalis,	320
From sundry other diseases,	140
Total,	1,700

Thus, next to fever and dysentery, phthisis was the most fatal diseases known in Lima up to the first visitation of yellow fever in that country, from the years 1851 to 1854, as described and recorded by me in No. 203 of the "Edinburgh Medical and Surgical Journal," but with which, in our present estimate, we have nothing to do. If it can be shown in this way, that in 1,700 hospital cases of fatal termination annually, 320 of these deaths proceed from phthisis, we arrive at an average proportion for the whole mixed population of Lima admitted to hospital treatment. And further, if we put to one side the indefinite number of deaths from infantile disease, among the 1,500 indiscriminately sent from the different parochial wards of the city, and included under one common head—viz: "various diseases;" there appears no reason why, among the remaining adult population included in the said gross parochial deaths, as distinct from the more detailed and special hospital returns, the ratio of deaths from phthisis, *as compared with other diseases*, should not be approximately the same as it is found to be in the 1,700 who died in hospital, where the proportion has been pretty reliably ascertained as above, to be about 3 in 17.

3. *In what Stage or Form of Phthisis is it found Curable by a Change from the Climate of the Coast to the Sierra?*—On the coast generally, the most usual exciting cause of pulmonary affection is observed to be some check to the perspiration (*resfrio;*) and not only pulmonary complaints, but rheumatisms, diarrhœa, and fevers acknowledge this origin. It is more particularly in spring that we see the effects of this *resfrio* in hospitals crowded with patients under the unfluence of ferbrile catarrh, pneumonia, pleurisy, and phthisis pulmonalis. When the frame becomes much debilitated, and especially when the patient is convalescing from some prior ailment, it is a familiar event that under these circumstances, incipient phthisis presents itself, in the form of such admonitory symptoms as growing debility, failing appetite, a slight dry cough, feverish pulse and heat, with restlessness and wakefulness by night.

In the dry and sultry summer months cases occur under a different aspect, in which, from the beginning, the gastric system is more ostensibly disordered. The tongue whitish-colored and furred; evening fever and sleepless nights ; a short dry cough ; depression of spirits, with a foreboding of pulmonary consumption or hæmoptysis on the part of the invalid, are so many symptoms which atttend this form of attock. In all cases, whether originally of the gastric or pulmonary type, the patient or physician must not waste time in the employment of unsuccessful special remedies. And the plain reason of this practical admonition, which indeed amounts to a popular maxim in Peru, is that a change from the coast to the mountain climates, graduated as the case may require, will do more to restore health than all the drugs within their ken ; and that, if this easy migration be too long deferred, confirmed as well as hopeless phthisis will be the end of disorders so initiated on the coast.

Bnt though it be here necessary to characterise such examples as the above, in pointing out the introductory forms which phthisis assumes in Peru ; yet it is important to bear distinctly in mind, that the most common prelude, as well as attendant, of the Lima phthisis pulmonalis, undoubtedly is hæmoptysis ; to which there appears to be a remarkable pre-disposition among all the mixed classes and races of the population, particularly in the white, Creole, and brown females of preponderating Indian caste. The healthy, full-chested, mountain Indian mother, if engaged in the maternal duty of sucking her young on the coast; often acquires a predisposition to hæmoptysis, to which she has shown no tendency whatever so long as she lived and nursed on the mountains. On the hill-land the ordinary functions of the digestive organs are vigorously exercised; while on the coast, the long-continued influence of a warm and humid atmosphere not only keeps up a relaxation of the skin, but induces a more languid appetite, and a less perfect and healthy action of the stomach and bowels, &c., which soon tells on the whole system. Europeans soon become lazy, and unwilling to take exercise on foot, in the Lima climate; and suffer a great, though gradual; loss of nervous and muscular power. The offspring, especially the male offspring, of the athletic Spaniard, grows up a comparatively delicate man; but the negro race thrive well on the coast, and retain the muscular power of their progenitors. The white family always suffer more or less from a protracted residence in Lima, where congestive diseases are sure to arise in this race; and more particularly the prevaling disorders, hæmorrhoids, blenhnorrœa, dysentery, &c.

Whenever hæmoptysis shows itself in Lima—which it often does in the Creole ladies after an evening party (*tertulla,*) without any previously perceived sign or suspicion of so great a misfortune—the circumstance is always one of alarm.

The spitting of blood may be very slight at first; and attended with a slight cough; and from so apparently simple a beginning, experience and common observation lead the patient, friends, and physicians together to fear the approach of phthisis, unless the hæmoptysis and cough can be speedily subdued. As a general rule, in such cases, phthisis is always suspected to lurk in the background, unless its incubation be promptly checked by a change of climate. The ordinary result is, that those so circumstanced, especially when of the delicately-organized, fair, Creole race, very rarely trust to medicine or to the assistance of the physician, but at once order the mules and other necessary arrangements for a journey to the interior. It is only by this decided conduct that they hope permanently to guard against a future and more formidable return of hæmoptysis, with its phthisical consequences; and they seek at first notice of the disease to insure a full reparation of the injured respiratory organs, by an adequate continuate in the well-known and appropriated regions of convalescence.

When cases thus inaugurated--which are far too frequent in Lima and other parts of the coast of Peru—go on for a few weeks, not to say months, without decided amendment under medical treatment, we may expect to find on examination positive signs of pulmonary consumption. Now, then, besides occasional returns of hæmoptysis more or less developed, varying from colored sanguineous sputa, to mouthfuls or even cupfuls of blood at a time, there is also more or less cough, soon attended by some degree of pain in the chest; depression of spirits, failure of appetite, with loss of flesh, and lassitude; some notable change in the respiratory sound, or perceptible deviation from the normal murmur, with almost always obscurity of sound on percussion under either the right or the left clavicles. No Lima junta of experienced native or well-acclimated European physicians, would for a moment hesitate to order to the sierra a patient in the condition I have just described. They would deem this transfer of climate as the only security for the patient.

Under such conditions I have witnessed the application of all approved European remedies of every school fully tried, where the phthisical patient was, for one reason or another, destined to run his course on the coast and in the capital, under the eye of able assistance, but always with the same fatal termination.

Cod-liver oil, extensively used of late years, has appeared to alleviate the pulmonary symptoms, by improving the habitual state of the digestive organs, but, as far as I know, it did no more in that country, whatever may have been its success in Europe.

I have sometimes seen cases of pneumonia, imperfectly cured, terminate in chronic phthisis, on the coast of Peru. I have also met with cases of passive and chronic hæmoptysis sustained by pulmonary congestion, or consequent upon heart disease, which never passed into phthisis. But such cases are easily distinguished for the most part, and I may just say in passing, that small doses of spirits of turpentine—say twenty drops trice a day--have been useful in stopping these passive forms of pulmonary hæmorrhage.

In advanced stages of phthisis, attended with opaque and purulent sputa, colliquative sweats, bronchial and cavernous respiration, with all the aggravated symptoms of hectic fever—even in such a plight, the change from the climate of Lima or the coast to that of the Andine slopes (at modern elevations relatively to the snow line) has been known to prolong life for years, and allow the patient renewed strength to return from time to time to the coast, with marked improvement in general health, as well as in the condition of the lungs, and quite free from fever. But after a few years, such partial convalescents have succumbed to a fresh accession from cold or other exciting cause. But while I state these facts, and could cite individual instances in point, it should never be forgotten that the timeous removal to the sierra is intended to prevent the advancement of phthisis beyond its first initiatory stage in the hæmoptoic form of invasion so prevalent in Peru, or to cause it to retrograde altogether, even from this primary condition. It must be clearly understood, therefore, that I claim the curative effects of the Andine climates, on the broadest grounds of facts and experience, in favor of the early stage only, and not the more advanced periods of pulmonary consumption, when there is, correctly speaking, no sound lung to rescue.

4. *What are the Inland Localities in Peru approved as the Best for Convalescence from Phthisis?*—I shall speak of the localities best known in, and most convenient to, the capital ; other inland positions of corresponding temperature will naturally be resorted to from other points of the coast, according to their contiguity. On the Pacific coast of the Corderilla, and by the Pasco road from Lima, Haraway (usually pronounced Yaraway) and Canta are considered the best localities ; and Huamantanga is also considered favorable ; but Chanta, above all, on this route, is allowed to be most desirable, being about twenty-five leagues from Lima, and at an elevation of 10,000 feet, on a height overlooking Obrajillo, which latter is in a hollow locked in by hills, and about 1,000 feet lower than Canta. Again, by the Zarma road from Lima, Matucana and San Mateo are favorable climates; the former, according to McLean, is 8,026, and the latter 10,984 feet high; and of the two, Matucana is considered the best. But Canta is found preferable to either as a place of permanent convalescence. Cullua, enclosed in a basin-shaped hollow a few leagues above Obrajillo, on the Pasco road, is 12,000 feet above the sea, and corresponds in climate with Chicla, a few leagues above San Mateo on the Zarma road, and at at elevation of above 12,000 feet, according to McLean and Herndon's reckoning. Both these localities are hostile to the phthisical patient.

When it is determined to pass the Cordillera for convalescence this is usually done by the pass of Yauli or by Tucto, to the temperate valleys of Zarma, Jauja, and Huancayo. The elevation at the pass of the Viuda mountain above Culluay on the one hand, and of that of Antarangra (also called Antocona) above Chicla on the other, is nearly equal, as far as can be determined by the measurements of different observers. McLean gives the one at 15,543, and Rivero the other—viz., that of the Viuda, at 15,500 ; the Viuda being 15,868 feet—just 1,000 feet above the line of glaciers or permanent snow. Across the Cordillera gates or passes (Portachuelas,) the patient, if very weak, is conveyed in a litter, and if his direction be Pasco, he cannot remain there, but must at once pas through to Huarriaca, a climate quite analogous in temperature to that of Obrajillo, only with better ventilation. But physicians from Lima always send their phthisical patients (when ordered across the Cordillera) to Zarma and Jauja as the great sites of convalescence; and on the way to these celebrated localities, Matucana is the favorite resting place of phthisical and hæmoptoic patients. It is at this point, in the headland of the valley of the Rimac, enjoying a mild atmosphere on the confines of the air of the coast and the sierra, and just within the rain line, without being yet too wet or cold, that the invalids alluded to receive the first kindly impression of improving health, and after a longer or shorter stay here, proceeded to those more favorable climates, in higher elevations, beyond the first Cordillera.

I should state expressly, that the extensive valley of Jauja, rather cooler in temperature, and also of a few hundred feet more elevation above the sea than Zarma (which Herndon gives at 9,738), is allowed to have a decided superiority for the recovery of the hæmoptoic and phthisical invalid. The climate of this locality is temperate, and productive of a great variety of grain and green crops. But for the cure of phthisis, the Montana climate, for at least eight months in the year, is too damp, and if the patient be not careful in ordinary ablution—which natives prefer doing when the sun shines—the body is apt to be chilled. Lieutenant Herndon experienced this effect after bathing, and cautions his readers on the subject.

I shall conclude these observations by endeavoring to solve an important problem bearing intimate reference to our present inquiry and which I find suggested in Dr. James Copland's very elaborate and instructive article on Tubercular Phthisis, recently published in Part 17 of his valuable "Dictionary of Practical Medicine."

The problem I allude to is contained in the following extract:

"Having ascertained the frequency of the disease in the aborigines of a country or climate, it is next of importance to know how far that frequency may be modified, diminished, or increased by change to other countries, either colder or warmer, or of higher or lower elevation, etc., and by the adoption of different food and other habits." [p. 1130, sec. 205.]

I beg the reader's attention to this quotation. I hope I may, without any undue pretension, be allowed to say that I feel not only authorized, but called upon as a matter of duty to record on this head the result of my long experience in different climates of Peru. I shall therefore remark that, as regards the native white Creole and the brown races of mixed blood, this problem may be considered as solved in cases of incipient phthisis pulmonalis attended with more or less hæmoptysis. By change to other countries—for example, to Chile, which is colder, or to Guaquil, which is on the *Equator*, and consequently warmer—the effect on the patient from Lima has been so often tried and found injurious, that this is a change of climate which no experienced resident physician would venture to recommend. But by proceeding inland to the valley of Jauja, at the elevation of ten thousand feet above the sea, such incipient phthisical cases—especially of the hæmoptoic type, as I have defined — are always relieved, and almost always cured, provided the patient remain long enough in the uplands to insure this result.

Time is required to bring about a radical organic change, for when individuals apparently quite recovered in Jauja descend to the coast, and particularly to the capital, within a few months the hæmoptic and other phthisical symptoms have been observed to return, rendering a longer residence in the sierra necessary to insure a permanent cure. A year's sojourn in the sanitary climate of the hill-land is usually considered indispensable in serious cases, which have demanded a transandine climate. Milder cases and slighter indications of pulmonary disease, with tubercular development, often yield to a few months' residence at Matucana, Haraway, or Canta, on the western slope of the Andes, and not far from the resources of the capital.

The unvarying experience of centuries, perfectly relied upon by the natives, proclaims this change from the coast to the sierra climates, to afford undoubted beneficial results to the native white, as well as the diverse shades of brown and olive races of the coast, when laboring under hæmoptysis or pulmonary consumption. The negro is less subject to phthisis, and also reluctant to encounter the bracing air of the Cordillera; his favorite element is the warm and humid air of the coast. The influence of race in the cure of disease is wisely considered by Dr. Copland as of greater importance than has yet been bestowed upon it. In Peru, I found this truth constantly illustrated in practice. For instance, in dysentery, calomel and opium properly and timeously administered, are almost infallible in the Indian race, in the white far less certain, and in the negro cannot be depended upon at all. In yellow fever, turpentine cured as many as fifty per cent. of Indians, apparently in a hopeless condition, being sent to the Lazaretto, as it was believed, in an incurable state; but in the whites, turpentine, as administered by us in Peru in the year 1854, was of comparatively little power; and as for the negroes, we had no opportunity of ascertaining its effects, since in them this malady, so fatal to the whites, was scarcely experienced, except as a slight fever with headache, which by the aid of common enemata passed off in a few days, leaving no bad symptom or dregs of disease behind it.

But as regards phthisis, which we have been considering above, I have always seen cases of the character described by me turn out well through migration to sierra. And I may truly say, that from my own long experience in Peru, and knowledge of these cases, I could easily recount a multitude of permanent cures, also familiar to many native physicians.

This result, as far as the natives are concerned—a goodly mixture and variety of races, we must admit—is simply conclusive matter-of-fact; and now that the communication by Panama is so easy, it may be worth while to test the effects of the Andine climate of Peru on the European phthisical invalid. I had little opportunity to do so with the English under my charge in that country, but as far as my experience went, it was as favorable to the European as to the native Creole. But allowances, no doubt, must be made for different habits of life and other causes. The benefit received by Peruvians in the instances in question are too evident to admit of cavil, nor can the good effects be explained on the score of mere change of scenery and the pleasures of traveling. All coast-born Peruvians leave the neighborhood of the sea and their native towns —above all, Lima—with extreme reluctance, and look upon sierra as a kind of Siberia—a place of privation and exile. But in spite of all these prejudices and dislikes, when they realize the change of the sierra, they are constantly seen to recover there, under conditions of pulmonary tubercular disease which would undoubtedly terminate fatally, and that very soon, on the coast.

On the mountains, the Limenian habits of diet are necessarily somewhat changed, and the invalids are naturally led to more exercise in the open air ; but yet their in-door habits, with their gambling propensities, will ever predominate, whether on the hills or coast. Cards and dice, indeed, are esteemed not merely an amusement, but an indispensable part of a genteel education.

The air of the mountains—in those elevated localities pointed to as suitable to recovery of the phthisical invalid—is free from the malaria of the coast, and (as we have already learnt) clear, light, cool, and invigorating—alike removed from the extremes of cold or heat, and, upon the whole, remarkably equable.

On the coast, they continually drink in abundance cooling acidulated beverages, as lemonades, pineades, &c., and the classes in better circumstances (under the idea that a weakening climate needs strengthening food) use much more animal food than a climate so mild, with an indolent life, would seem to require. Indeed, all grades of the population consume great quantities of lard and pork, and also of fish fried in pans of boiling lard. This kind of cooking goes on in the open squares, corners of streets, and market-places, every evening and morning, for the convenience of the populace or lower classes, who thus feed in the open air at small cost of money and free from domestic trouble. Sweets, pastry, and fruits they eat at all hours, irrespective of their regular meals. On the removal of invalids from such a population to the sierra, the same facilities do not offer. The mountain diet is necessarily more simple, and the habits of life there assumed for the time, are more in unison with those of the rural population of the district.

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

A Practical Treatise on the Diseases of the Testis, and of the Spermatic Cord and Scrotum, with numerous wood engravings. By T. B. Curling, F. R. S., Surgeon to the London Hospital, Lecturer on Surgery at the London Hospital, Medical College, &c., &c. Second American, from the second revised and enlarged English edition. Philadelphia: Blanchard & Lea. 1856. pp. 419.—(Riley & Co., Columbus.)

Mr. Curling's Treatise on the Testis, very soon after its first appearance, took an honorable position, side by side with the larger work of Sir Astley Cooper. Since then, however, twelve years have elapsed, during which time many new observations have been made and former opinions respecting various morbid changes which occur in the Testis have been confirmed or modified. Especially, during this period, has the microscope assisted in throwing light on many hitherto obscure points, and to a great extent in reconstructing our views of the pathological conditions of disease. From these sources the author of the present work has gleaned faithfully and well, and aided by his own large experience, has placed the fruits of his labor in their proper positions in the present edition, so that the work as it at present comes from the publisher, is worthy of the approbation of the profession as a complete and practical Treatise on the diseases of the Testis. It is almost superfluous to add that the publishers have performed their part in their usual excellent manner. The illustrations are also good and add to the value of the work.

We have not space to enter into an analysis of Mr. Curling's book, or even of the improvements and additions of the present edition. We commend to the special attention of medical men the chapters on orchitis and benign fungus of testicle, and particularly the remarks upon the diagnosis of these affections from those malignant forms of disease with which they may be confounded, in consequence of which error, testicles, (we fear not a few) have been removed, which might, had a proper diagnosis been arrived at, have been found amenable to proper treatment. Such cases are not always easily to be distinguished, it is true, but on that very account it is the more incumbent upon those who may have to treat them to avail themselves of every source of information on the subject.—

The following quotation will illustrate the difficulty felt by the most experienced in such diseases, in forming a correct opinion, as well the course usually adopted by our author:

> "In the early stage, however, of encephaloid cancer, the characters of the tumor are so similar to those of chronic orchitis that the diagnosis is extremely difficult, and sometimes we have no other guide on which we can rely than the influence of remedies on the disease. A few years ago a gentleman residing in a midland town came to London to take the opinion of surgeons respecting a disease of his testicle, which had existed eighteen months. The organ was much enlarged, and very hard and heavy, and the vaginal sac contained a small quantity of fluid. His general health was somewhat impaired. He had taken mercury, iodide of potassium, and iodide of iron, and used mercurial and iodine applications locally, but without effect in reducing the tumor. This gentleman saw Sir B, Brodie, Mr. Lawrence, and myself separately. Neither of us ventured to pronounce a positive opinion of the nature of the disease but we were inclined to regard it as malignant. As it appeared that the mouth had not been made sore, a further trial of mercury carried to salivation was recommended, and if the enlargement did not subside under this treatment, we all agreed in advising castration. The disease, which I presume was chronic orchitis, subsided under mercurial treatment, and the patient was cured in three months."—p. 235.

The benign fungus was, until recently, confounded with malignant fungoid disease. Our author remarks it may be distinguished very easily by a well informed surgeon:

> "The granulating character of the protruding mass, its consistency and the absence of bleeding, plainly indicate the nature of the swelling. The circumstance, too, that pressure on the Tumor causes the ordinary pain of a compressed testicle, whilst in malignant disease, force so applied produces no such sensation, will further assist in the diagnosis.—p. 236.

All means will sometimes fail for the cure of Orchitis, and as a last means of lessening pain and suffering, the gland must be reremoved. "But no surgeon," says our author, "would think of resorting to castration till after a persevering trial had been made with the usual remedies for the reduction of chronic inflammation of the gland."—p. 246.

Mr. Curling places his chief reliance in mercury for the treatment of Chronic Orchitis. The patient is to be kept under the slight constitutional influence of that remedy, "until all swelling has subsided, and the induration is nearly removed, which takes place slowly, and usually occupies four or five weeks."—p. 237.

This treatment, so efficacious in Chronic Orchitis, will, of course, be quite the reverse of appropriate for tubercular disease of the Testis. Mercury will, in the latter case, be of positive injury. The distinction between the two diseases, not always readily made, is therefore of great importance.

> "The strumous differs, however, from the chronic inflammatory swelling in being more indolent; in making even slower progress, and being attended with still less pain and inconvenience; in the irregular surface and smaller size of the swelling; and, when the epididymis is attacked, in the globus major being the part principally affected, instead of the lower part, which is usually first enlarged in chronic inflammation. The diagnosis, however, may be extremely difficult, as in both cases the changes in the gland or in the epididymis are liable to be masked by inflammatory effusion in the tunica vaginalis. It is of much importance to make a right distinction, for the remedies proper for orchitis, if given in tubercular disease, may do considerable harm. In one case of error which came under my notice, phthisis was rapidly developed at the conclusion of a course of mercury. The disease may be distinguished from malignant enlargements of the organ by the smaller size, uneven surface, and more indurated nature of the swelling, and by its very chronic progress. In all cases, the judgment of the surgeon will be materially assisted by his noting the general characters of the constitution, and whether there is any concomitant affection of other parts."—p. 259.

Iodide of Potassium, in addition to tonics, exerts a more beneficial influence in this affection than any other remedy.

In encephaloid cancer of the Testis, when castration is recommended, a question always arises as to the probable period of the recurrence of the disease. Several cases are given where the interval was prolonged to several years, during which immunity from previous pain and suffering was enjoyed. The following table of 23 cases is also given to show the length of time between the operation and the re-appearance of malignant symptoms:

From	3 months	to	6 months		7
"	6	"	12	"	2
"	12	"	18	"	4
"	18	"	2 years		5
"	2 years		3	"	4
"	4	"	10	"	1
	Total				23

While, therefore, castration can only afford temporary relief of uncertain duration in encephaloid Cancer, it is a certain termination of cystic disease, and should be performed as early as the surgeon can satisfy himself that other remedial means are no avail. After its removal, the morbid growth should be submitted to the microscope, "and if no cancer cells be found, or if the cysts contain tessellated epithelium, he will be able, with some confidence, to assure his patient of his permanent recovery and immunity from all risk of a relapse." p. 287.

For the radical cure of *Hydrocele,* our author employs Iodine injections first introduced by Mr. Martin, a surgeon in the East Indies. He uses an injection of the following proportions: Iodine ℈ij. Iodide of Potassium ʒss. Spirits of Wine ℥i., injecting from two to three drachms, and allowing this to remain for five minutes when the greater part is to be withdrawn. Merely as a palliative treatment, *acupuncture* of the *Tunica Vaginalis* appears to prevent reaccumulation of the fluid longer than any other means.

If our space would allow, we would gladly follow our author in his descriptions and treatment of the other diseases of the Testis.—We can only add to our testimonial of its worth by recommending those who wish a good book on this subject, to go and buy a copy of Mr. Curling's Treatise. R. G.

Human Physiology, Statical and Dynamical; or the Conditions and Course of the Life of Man. By Jno. Wm. Draper, Prof. of Chemistry and Physiology in the University of New York. Illustrated with nearly 300 Engravings: New York, Harper & Brothers, Publishers, Franklin Square, 1856. (For Sale in this City).

This book was laid over at our last issue for want of room to give it a notice. It is a *new* work, and we regret that we have not space or time to examine it in detail. The basis of it appears to be the Lectures of the author in the School with which he is connected; and he gives as a reason for issuing the work that Students of Medicine require something more condensed than what is found in the text books now before the profession. Notwithstanding he has been at the trouble to get up a Treatise, he frankly acknowledges that beyond the suggestion of a trifling fact or idea here and there, the matter presented is not original, but derived from other sources, his reading for many years of the chief works of Physiology and its kindred subjects.—He justly remarks, that the science of Physiology is the result of the labors of thousands of the ablest men continued for centuries.

The wood cuts, illustrating the text, are mostly taken from other works; some, however, are original, and have been obtained by the aid of Microscopic Photography, a plan which seems to be destined to render important service to science as well as art.

The material which makes up Physiology the Author arranges un-two heads—*Statical* and *Dynamical*. Thus divided into these two branches, Physiology, in all its aspects, is considered. The Science therefore consists of the *weight* of things and the *motion* of things. All else the author ignores as calculated to mystify. He wants nothing to do with such terms as '*plastic power*,' *vital force*,' etc. When taken into the account they thwart all the efforts to get at the truth, and are the cause of all the empiricism in the country. Give us, says he, definite ideas of the Science, such as can be appreciated and at once it will take rank among the Positive. The food, air, and water taken into the system in a given time must be weighed the fæces, urine, expired and transpired matters must be weighed. Then the processes of circulation, nutrtiion, secretion and innervation must be regarded in only one point of view—that of their dynamics, or motion. The 3000 pounds of food, air and water, annually taken into the system of an ordinary sized individual, who does not change in weight, and which must pass out of the system in exactly the same quantity, though of different form, does not establish anything new in Physiology. It only shows that the supply and waste of an adult individual are exactly balanced—so much fuel, and we have so much in the way of steam, smoke, ashes, etc.

That Physiology may be interrogated under these two aspects so that it will reveal some truth, no one for a moment will doubt—statics will unfold, if properly invoked, phenomena that have been enshrouded in mystery. The quantity by weight of the matter which supports the system, and the quantity by weight of what leaves the system are very essential, but do they teach any more in regard to the human system than they would if a steam-engine was under consideration. The same may be said of *dynamics*. It is very proper that we should know something of the different currents of fluids that traverse our bodies in every direction, something of the movements of muscles—something in short of the *motion* connected with the fixing of particles of matter in the system, something of the motion of this same matter in the disentegrating process by which it leaves the system, and at last something of the motions occasioned by its presence in the system—secretion, respiration, nutrition, innervation.—But after all, would this kind of information amount to any thing more than knowing the number of revolutions that a ca makes in a minute, or how many steps a short legged man must take in going a mile. Such knowledge does not compass physiology. It is only so much data that may become subservient to the inquiry—the gems not even seen by its light. To us the plan smacks so strongly of the the mechanical so much in vogue in the 17th and the early part of the 18th centuries, that we were on the point of accusing the author of having made an attempt to renew an "Old Theory." If, however, he will look into Quincy's Lexicon, London Edition, 1730, and into Bellini's Mechanical Account of Fever, London, 1720, he will find much that will refresh, elaborate and strengthen his opinions. From the latter work we subjoin the following on the circulation of the blood:

"When the blood flows out of the left ventricle of the Heart, its force through each trunk of the great artery, will be as the whole *Momentum* of *velocity* communicated to it from the heart; but its velocity through the whole length of the Arteries will be only as the excess of that *Momentum* above the resistance of those arteries.

Again:

"That *Power* by which the Nervous liquid is derived from the glands in the Brain, and set in motion forwards, is a *pressure* arising from the dilatation of the arteries woven through the Pia mater, and intimately interspersed through the whole substance of the Brain."

Again:

"The *Tremor* or *Vibration* of a Nerve, and the *Undulation* of its contained liquid is as the *Momentum* of the contractable muscles or the impression of external objects."

"What then is man," exclaims our Author. "Is he not a mechanism, the parts of which are unceaslingly taken asunder and as unceasingly replaced?"

A few years ago, as all know, the Chemists took charge of Physiology and undertook to explain all the processes of the animal organism upon chemical principles. The "*vital principle*," *forces of vitality*," etc., with them, like with the author before us, were only calculated to make obscurity doubly obscure. They wished nothing but chemical terms and asserted the entire competency of these to set forth every thing known or that was worthy of being known.—What then is man, ask these philosophers, but a compound of the metalloids, oxygen, hydrogen, nitrogen, carbon, with almost all the elementary substances found in nature? Is he not the temporary result and representative of myriads of atoms that are fast passing through states of change? The appearance of corporeal identity which he presents, they continue, is an illusion. As soon as he begins to breathe he begins to die; an atom has scarcely taken up its abode in the organism, has scarcely had time to "take lodgings," and get things comfortably fixed about it, until it is not only called upon to shift quarters, but perhaps to "give up the ghost." *Life* with this sect is dwarfed into that of being a mere chemical condition. The old idea that it is a real identity, breathed into the nostrils of the first man and successively into that of every one who has since lived, is a vulgar antiquated humbug. It is, something they continue, as having no claims whatever to the character of a cause, it is a mere effect, a result of the actions and reäctions of the atoms of which the body is made up.

From time to time we have watched the progress of this hypothesis and the conditions upon which the better minds of the age have connected themselves with it. By most of the distinguished chemists, we are happy to say, it has been but provisionally adopted. They see something in man more than what can take place in a chemical laboratory, and while they insist that the atoms, in taking the form of compounds in the system to enter into the formation of organs, observe the laws of chemical equivalents, they yet recognise a force or power overruling all and modifying all to which they apply the term '*vitality*'—a force without which the chemical movements and processes found in connection with the economy could not take place—a force on the withdrawal of which the human form at once drops into dust.

Why, now, should this same thing to which we have been alluding, be ignored by those who undertake to explain the processes or functions of the human body. Mechanics may be invoked, Chemistry may be invoked, and both, when kept in their proper place, will assist very materially in the progress of the inquiry. Neither however, nor both, can occupy any higher position than as mere auxilaries. To comprehend the matter thoroughly involves an acquaintance with the habitudes and the powers of vitality. Until this is comprehended our information on the subject of Physiology must remain imperfect.

It has been said, and very truly, that an animal creates nothing; it only transforms the substances it receives. The food, the water and atmospheric air taken into the system act and reäct upon each other, and this series of movements should be regarded, it is contended, as purely chemical. Now, admitting that no atom makes a move in the system except in accordance with chemical laws, does this do anything towards explaining how it is that these atoms are arranged for the purpose of forming a bone, a gland, or a blood cell? Then again, it may be inquired, if chemistry is to solve every thing, why is it that

> "Peculiar pores peculiar juice receive
> To this deny to that admission give."

Why is it that one gland separates bile, another urine, another milk? These are all Physiological processes coming in the range of inquiry, but what can statics, dynamics or chemistry mechanics do in their solution? Somebody has intimated that the difficulty which lies in the way of our comprehending these processes, and others of similar character, does not relate to the weight of the elementary particles, nor to the motion of these, but to the manner in which they are arranged with each other. This, if true, however, offers nothing in the way of solving the problem.

We can appreciate what goes into the system as food, air, and water, and we can appreciate what comes from it as urine fæces expired and transpired matters, but of the changes which have taken place in the system our knowledge is extremely limited. We know nothing of of the process by which the atoms are made to live, nothing of their diseases and death. A dark speck in a portion of blastema, that the Microscopist calls a granule, makes its appearance. At first, he thinks it a mere globule of oil, but soon it changes its form, a membrane sprouts from its circumference and at last encloses it, giving rise to a *nucleated* cell, a minature organism that exhibits phenomena totally different from any thing that can occur in the inorganic world. To what now are these changes in the granule due. Or what would the information amount to, to know the weight of the granules or its motions, compared with that of knowing the force by which it was developed, and that limited it perhaps to the independent existence of a cell, or made it the germ from which a Haller or a Harvey was produced.

We can not pursue our author in this inquiry further, but proceed to notice some of his points in regard to the moral nature of man. He seems not to be content with an elaboration of the ordinary topics that go to make up Physiology—the physical functions, as they may be termed, but takes up matter not often very much descanted upon by medical men. All medical inquirers now agree in regarding the brain as the seat of intellection—the organ upon the movements of which the faculties of the mind depend, and while the Phrenologists are regarded as having made a failure in attempting to locate the seat of the faculties under certain eminences found on the exterior of the cranium, the results of trust-worthy observations, and experiments upon inferior animals, establish the fact that portions of the brain perform different functions. The corpora striata give origin to the nerves of general motion; the thalami nervorum opticorum give origin to the nerves of general sensation; and each one of the nerves of special sense derive its ability to take cognisance of sensible objects from the gray matter located in the base of the cerebrum, and in the medulla oblongata; and lastly, it is in the gray or cellular matter mostly upon the exterior of the cerebrum that we have those intellectual operations of the mind going on, to which we apply the term *'reasoning.'* Recent research warrants more. It seems to be true that the portions of the nervous centres giving origin to nerves of motion, are inert with reference to every thing else; that those portions which give origin to nerves of special sense are inert so far as general sensation or motion is concerned. The *optic* nerve, as a consequence, takes cognizance of objects submitted to the eye; the *auditory* of sonorous bodies, etc., and neither of them have the ability to appreciate any thing else. These things we can understand. Light was made for the eye, and the eye is constructed into an apparatus for vision. Sound was made for the ear, and we have the ear constructed for hearing. All this connects the individual with material nature—the objects with which he is surrounded, and upon which his existence, as an animal, in a great measure, depends. But who would have supposed that there was any analogy between these relationships, and those that pertain to the *Soul?* The following are the views of the author:

"If the optical apparatus be inert, and without value, save under the influence of light; if the auditory apparatus yield no result save under the impressions of sound—since there is between these structures and the elementary structure of the cerebrum, a perfect analogy, we are entitled to come to the same conclusion in this instance as in those, and asserting the absolute inertness of the cerebral structure in itself, to impute the phenomena it displays to an agent as perfectly external to the body, and as independent of it as are light and sound — and that agent is the SOUL.

"Some one, perhaps it is Descartes, once proposed the *pineal body* as the seat of the soul. This, as all anatomists know, is a small bit of cerebral matter, situated deeply in the substance of the brain, immediately under the *fornix*—it is about half the size of a pea.

Plato, the type of all thinkers, proposed to himself the double inquiry: "What was the state of the soul before its union with the body? and what will it be after death?" Descartes, taking it for granted that the most of the cerebrum and cerebellum were occupied with other processes, and finding no particular function set apart for the *pineal* body, lit upon the fortunate thought that it was the seat of the soul. Plato seems to take it for granted that the soul has an existence before its union with the body, and in this respect between him and our author there is no difference. Plato, however, proposes a query touching its locality before being united with the body. Our author, rather by implication, answers this question. He would say it occupies the atmosphere *outside* of the body, just in the same way that light and sound do—ready to impress the organism as soon as the cords are in a condition to vibrate. Our author tells us that he has made suggestions in regard to the interrogation of physiological phenomena, that if heeded, would banish quackery and empiricism from the land. Is this doctrine in relation to the locality of the soul outside of the body one of them?

Can we give our author credit here for originality? The old pantheistic theory in regard to the soul, and that has obtained great currency among the Asiatics, is that it is a part of Diety, and therefore devoid of form. According to this theory, it occupies the same relations to the body as light does to the eye, sound to the ear, etc.

Now with reference to this subject, it seems to us that the author has committed a blunder in introducing it into a Text book—and that too, into one that professes to have given such a turn to physiological inquirers as to place the department upon a footing with the Positive sciences. That the soul has an existence separate and apart from mind, or intellection, is what has not yet been made out, nor perhaps never will be. A very learned theologian of the day, and who has made the subject a matter of special study, failed to give, in an effort that we had the pleasure of hearing him make, an intelligent definition of the soul. His view was that the soul had nothing to do with the intellect or with the organs concerned in the manufacturing of ideas, but that it related to the passions was the *regulator* of the passions. The effort amounted to nothing, and so must all others of similar character. Where a subject is placed entirely beyond the reach of human powers, it is idle to speculate upon it, and of very questionable propriety to introduce it into a work that professes to teach first principles. By the common consent of physicistians, the soul has been transferred with all its appendages and appurtenances to the sacerdotal order as ranging most properly with the subjects over which they have assumed control, and with their exposition of it we can do no better than to abide.

We must here close our notice of this book for the present. The reader interested in physiology will find in it much that rests on nothing stronger than assumption, probability or sophistical reasoning; and he will also find, from the lucid style of the author, his arrangement of many things, and the air of originality with which many of its chapters are impressed, ample compensation for the time spent in its perusal. It is a fascinating book, and the author shows in every line of it how deeply he himself is imbued with a love of physiological inquiries.

A Treatise on Therapeutics and Pharmacology, or Materia Medica, By Geo. B. Wood, M. D., late President of the American Medical Association; Professor of Theory and Practice of Medicine in the University of Pennsylvania; Author of a Treatise on the Practice of Medicine, etc., etc. In two volumes, pp. 901 and 840. Philadelphia: J. B. Lippincott, & Co., 1856. For sale by Riley & Co.

The author of this work has been engaged for a long time in teaching Therapeutics and Materia Medica. Indeed all of his professional life anterior to 1850, at which time he was transferred to the chair of Theory and Practice, has been spent in cultivating a knowledge of this department and teaching it to others. His name for a long time has been before the profession as one of the authors of the U. S. Dispensatory. The following, from the preface, we insert as explanatory of the character of the Treatise.

"A few words of explanation may be necessary to a correct appreciation of the character of the Treatise. Though aiming at considerable fullness in all that concerns the effects of remedies, the nature of their operation, and their therapeutic application, it has no pretension whatever to be considered as a complete exposition of the Materia Medica, properly so called. Of the natural and commercial history, the sensible and chemical properties, and the pharmaceutical preparation of drugs, the author has endeavored to select such parts as are of direct and immediate interest to the medical practitioner, and without a knowledge of which, he can scarcely be said to be prepared to enter upon the duties of his profession. All, therefore, that is said on these points may be considered as, in the opinion of the author, requiring the particular notice of the student. He has given much attention to this branch of the subject, in reference both to the general value and the accuracy of the facts stated; having, in many doubtful instances, practically verified their correctness. In the prosecution of investigations for this purpose, he has pleasure in acknowledging his indebtedness to Professor William Procter, Jr., who has, at his suggestion and request, performed many experiments in relation to the chemical properties, reäctions, and incompatibilities of the medicines described.

The work will not be found rich in formulæ. Nothing would have been easier than to attach numbers of prescriptions to every important medicine described. But the author has always considered that a multiplication of these precise combinations is productive of much more injury than good. It leads to an indolent reliance on mere authority, by sparing the trouble of thought; and greatly conduces to an empirical and routine practice, neither creditable to the physician, nor profitable to the patient. The author has preferably sought to give principles, by which the physician himself may construct formulæ, suitable to each special occasion. He has endeavored to point out, in reference to each medicine, the peculiar circumstances which render its use appropriate, and the modifications in dose or form which it must undergo, to adapt it to the varying circumstances of different cases, or of the same case at different times. He has also called attention to the medicines with which, in each special case, it may be appropriately combined, to aid or qualify its operation. With this knowledge, and that of the pathological condition to be corrected, the educated physician will be qualified to form much more appropriate associations or combinations of medicines, and to regulate much more correctly the proportions of the several ingredients in correspondence with the indications, than any formulary can possibly do for him; nor can any medical man be considered as duly instructed, until he is capable of constructing such formulæ for his own purposes."

The work is divided into two parts—GENERAL THERAPEUTICS and PHARMACOLOGY—and SPECIAL THERAPEUTICS and PHARMACOLOGY.

The 1st chapter is taken up with *the Operation of Medicines.* This is a place at which many writers of systematic treatises exhibit their weakness, going off on some favorite theory, and ignoring all the facts that cannot be tortured into a support of it.

The author's long acquaintance with the subjects of Therapeutics and Materia Medica, we observe, has qualified him to make a very philosophical survey of this controverted ground, setting up the proper stakes, and blazing the lines from corner to corner. Time was, when, by the influence of a few minds in our country, a very partial view was taken of the *modus operandi* of medicines. It was thought that medicines never entered the circulation, but produced their effects by acting on the solids of the organism. Books have been written in support of this theory, and no small amount of effort has been expended to give it currency.

Under the head of the *Primary Operation of Medicines*, the author gives the evidences that go to sustain the position of their operation through the *Circulation.* With the most of this the reader has been made familiar by books which have for some time been in the hands of the profession. The author, however, is entitled to the credit of having stated the points so as to make the right kind of an impression on the mind of the student. This evidence was incomplete, and on this account was trampled under foot by the Solidists, until chemistry came forward with a host of facts, supported by the most accurate experiments. Chemistry, in innumerable instances, detected medicinal substances which had been taken into the stomach or applied to other parts of the body, not only in the respiration, saliva, urine and other secretions, and in various solid tissues, but in the blood itself. Indeed, it has been remarked by the author, that the list of substances which have been thus proved to have been thus circulated through the system, is so large as to authorize the inference that all medicines capable of extending a direct action beyond the original surface of contact, may be absorbed and carried with the blood to the part or organ which they affect. For some time some hesitated to credit this kind of operation, from the circumstance that the effects of medicines and poisons are often so rapid as to preclude the idea of their having been absorbed and carried to the seat of their action by the ordinary route of the circulation. Recent experiments, however, by proving the extreme rapidity with which the blood makes a complete circuit in the body, seem to have invalidated the objection. Those who are conversant with the works on Physiology, will recollect the experiments of Prof. Herring, and also those of Prof. Blake, of the St. Louis University. These experiments show that a ferrocyanuret of potassium, injected into the jugular vein of a horse, may be detected in the opposite jugular vein, in a period of time ranging from twenty to thirty seconds. Indeed, these experiments establish the fact that a poison or a medicine does not require more than a half a minute, after it is introduced into the system, to make a complete round of the circulation.

We turn to special Therapentics and Pharmacology to see how the author demeans himself with reference to certain remedies, with regard to which the medical mind seems to be in an unsettled state.—A few years since there were but few diseases involving any thing like a moderate grade of vascular excitement, but that bleeding was among the leading remedies, such as all know is not the case now. On this matter, the author remarks as follows: "There is no remedy more important than this; perhaps none which so frequently saves life." Again:—"The practitioners who reject it, and oppose their own prejudices or fears against the experience of all ages, not only deprive themselves of a most important agent for good, but assume a responsibility which might well make a conscientious man shudder. Though never one of those who might be considered as a special advocate of the lancet, I fear that in the re-action from a too indiscriminate and reckless use of it, the profession is now in danger of erring in an opposite direction." With the author's general views of the remedy we are well pleased. That it is *the* remedy in Inflammations occurring in a full habit, and connected with a high grade of vascular excitement, there is no doubt. But to the author's therapeutic application of the remedy, exceptions might be taken. In Fevers, with high vascular excitement, when idiopathic, and due without doubt to the presence of a poison in the blood, the author regards bleeding as not only useless, but it may be injurious. But he says there are two circumstances which in febrile affections render the lancet advisable. When the fever is symptomatic of a special inflammation or vascular irritation, bleeding is often called for in reference to the local disease. Again, when the febrile movement ceases or is attended with a local inflammation or determination of blood, which endangers the safety of some important organ, bleeding is indicated. We are not certain that this doctrine is good. The inflammations or congestions here alluded to, and which turn up during the course of a fever, are the result, not of excess of blood, but of want of equilibrium in the circulation from deficiency in amount and alteration in constituents. How then can a measure which still further diminishes the quantity of the blood, be the remedy? All physicians of experience in the treatment of typhus and typhoid have doubtless once in a while acted on the views of the author, but who can assert any thing in their favor? Would it not be better here to trust to mustard blisters, etc.; and perhaps put the general system under the influence of stimulants? An organ might, by the author's plan, be rescued, but the body might *also* be sacrificed.

"*Hemorrhages*," says the author, "are often nothing more than a result of vascular irritation or active congestion of the bleeding tissue and in all such cases bleeding is indicated." We should like to have heard the author more at length on this topic. A few years since, the practice was current to bleed in pulmonary hemorrhage, and a writer as late as WATSON not only endorses but recommends the measure, whenever connected with tubercle, and details at length the condition of the pulse rendering it proper. BARLOW takes the right ground in saying that it is scarcely, if ever, necessary—thehemorrhage itself being adequate to relieve the local congestion.

Here we must close our notice of this very valuable work, a work peculiarly well adapted to students, as presenting the essentials in a lucid manner and containing, in the general, a very excellent digest of the subjects it discusses.

The Musci and Hepaticæ of the United States, East of the Mississippi River, Contributed to the Second Edition of Gray's Manual of Botany. By WM. S. SULLIVANT, of Columbus, Ohio, President of the Board of Trustees of Starling Medical College. With Eight Copper-plates, illustrating the Genera. New York: Geo. P. Putman & Co. 1856.

We have received a copy of the above work from its author, Mr. Wm. S. Sullivant, of this city, to whose labors in this department of Natural Science the world is very considerably indebted. Here is a field that, according to the author, is as yet but partially explored. To the young naturalist who has the ambition and industry to engage in it, there is still the material for a brilliant reputation.

The following on the scope of the work we insert from the Preface:

"The following pages are designed to contain brief descriptions of all the Musci and Hepaticæ hitherto detected in that portion of the United States lying east of the Mississippi river. A few species found elsewhere, either new, or having a geographical range heretofore unnoticed, or for some other special reason, have also been described; namely, those from Texas and New Mexico, and also several from near our northern boundary, and likely to occur within it.

The territory within the limits adopted--extending, as it does, from 25 deg. to 70 deg. North Latitude, and traversed for nearly its entire length by mountain ranges, reaching, at several points in their northern and southern terminations, an alpine elevation--presents conditions favorable to a copious and varied muscological vegetation. And if the number of species here recorded is not so large as that found in an equal area similarly situated on the Eastern Continent, it must be borne in mind that our Bryology and Hepaticology (particularly the latter) have thus far been very imperfeccly investigated. Scarcely any portion of our country, excepting Central Ohio, has been carefully examined. The mountain ranges have only been cursorily visited by a few interested in these branches of Botany. In the northern section, notwithstanding numerous discoveries made by the late Mr. Oakes, and the more recent ones (among them a *Dichelyma*, a *Tetrodontium*, and an *Atrichum*) by Thomas P. James, Esq., there will doubtless yet be detected many other well-known European species, not a few of which have already been collected in British America by Drummond.

The southern section has been even less carefully explored, and offers a promising field for future discoveries. Among the recent accessions to our Flora from this quarter are an *Orthotrichum*, a *Fissidens*, and several *Bruchiæ* and *Fabroniæ*, gathered by H. W. Ravenel, Esq.; also some fine *Sphagna*, an *Anomodon*, a *Fontinalis*, and a *Macomitrium*, brought thence by our friend, the excellent bryologist. M. Leo Lesquereux.

No portion of our territory has contributed so little to our Bryology and Hepaticology as the Florida peninsula, which in this respect still remains almost a *terra incognita:* its only known species, *Pilotrichum cymbifolium*, like *Meteorium pendulum* from Western Louisiana (whence novelties may also be expected), is thoroughly tropical in all its characters, and gives promise of new and interesting forms to reward future explorers."

A Review of the Present State of Uterine Pathology. By JAMES HENRY BENNET, M. D., Member of the Royal College of Physicians; Physican-Accoucheur to the Royal Free Hospital, &c., &c.—Philadelphia: Blanchard & Lea. 1856. pp. 75. (For sale by Riley & Co., Columbus.)

None who have watched the progress of Uterine Pathology in the last few years, will dispute the truth of Dr. Bennet's opening remark in the work before us:

"Unfortunately for the medical community, and still more so for the numerous females suffering from uterine symptoms whom its members are called upon to treat, the greatest diversity of views respecting uterine disease still obtains amongst those who are looked up to as authorities. Not only is this the case in England, but also in France, where uterine pathology has occupied so much of the attention of the profession during the last twenty years, as is proved by the late discussion at the Paris Academy of Medicine."—p. 1.

Doubtless, when Dr. Bennet first gave to the world the result of his investigations with the speculum, and described the *ulcerations,* he thus discovered in the *Cervix Uteri,* he little imangined the terrible turmoil so simple a procedure would initiate. The contest has been waged with as much earnestness, (not to say ferocity,) as ever the factions of the *Big-Endians* and the *Little-Endians* displayed in their terrific wars, and oftentimes the points in dispute have been of equal importance with those which brought into warlike collision these mighty armies.

The first flash of war was from Dr. Bennet, ten years since, when he published his work on *Uterine Inflammation,* a work in which he asserted the importance of Inflammatory action, as the explanation of various morbid states of the uterus — described the *ulceration* of the neck of the Uterus, and insisted upon the necessity of instrumental and surgical treatment in such cases. These views were illustrated and supported principally by his own experience. A valiant enemy soon appeared in the person of Dr. Robert Lee, an author and accoucheur of distinction, who denied the existence of such inflammatory ulceration, "neither in the living or dead body, except of a specific character, and especially scrofulous and cancerous." He brought heavy artillery to bear, no less than the examination of 708 uteri by Dr. Boyd at Marylebone Infirmary, and of 900 uteri by Messrs. Hewett and Pollock, at St. George's Hospital, in which they did not observe a single example of simple ulceration of the os and cervix. Fierce and long were the contests between these two stalwart champions, with varying results. The fight soon became more general. While Dr. Bennet was repelling his formidable antagonist, Dr. Tyler Smith commenced a movement in another quarter.

Admitting that there were granulations, which may secrete mucus or pus abundantly, they were, nevertheless, not *ulcerations,* there was no solution of continuity. They were *excoriaions, abrasions* or *granulations.* Thus, Dr. Bennet was between two fires. Next, Dr. West appears in the field, apparently pitching into all sides. After examining uteri, both living and dead, he finds that ulceration exists in one half or thereabouts. That gun is aimed with fatal effect at Dr. Lee, and demolishes his tables effectually. Then he proceeds to attack Dr. Bennet, by the following strategic plan: "The very frequency of their occurrence (*i. e.* ulcerations,) instead of substantiating the opinion, that they are of great importance, rather militates agains that supposition." Thus, Dr. Lee urges, that they are of no im portance, because so *few*, and Dr. West agrees to their trivial nature because they are so *many*. Meanwhile, a guerilla warfare is kept up by the squad, who see all disease in the ovaries. Their fires are, however, but feeble, and soon exhausted. The same is the case with another larger and more respectable band, who have the displacement of the Uterus as the only fons et origo mali. Now we have a singular phase in the history of the war. Dr. Tyler Smith, after writing his paper denying that ulcerations exist, bethinks himself whether it would not be a good thing to see if that point is tenable. After you hang the criminal, try him for his crime. With the aid of the speculum, the scalpel and the microscope, he finds that the *granulations* for which he fought so valiantly, are really "*superficial ulcerations* of the os and cervix uteri, which are distinctly stated by him to be the morbid changes that immediately follow abrasions or excoriations of the mucous membrane. So far, then, Dr. Tyler Smith is driven from his former position. But he still resists the inference that these morbid changes, and the attendant leucorrhœa, are inflammatory products, and entrenches himself behind this position. That as the effects of hyper-secretion or leucorrhœa, not from causes inflammatory, ensue congestion, erosion, excoriation and *ulceration*. Admitting all these as *facts*, whatever may be their causes, he necessarily agrees with Dr. Bennet in estimating their treatment—locally and instrumentally, as highly important.—The smoke raised by all these fires and cross-fires, has, by this time, obscured the original point of attack, and various minor points have attained undue importance. Dr. Bennet now comes forward in this little book to review the whole ground, and dispose of such remaining enemies which have not killed each other by their random shots. Let us see what remains for him to do. Dr. Lee's assertion that *ulceration* does not exist, is destroyed by Dr. West's proof, that he has seen it in very numerous cases. Their joint agreement of the unimportance of such lesion, is the only point of their agreement remaining. Dr. Tyler Smith's denial of the existence of *ulceration*, and explanation of its granular condition, are blown to the winds by *Dr. Tyler Smith's* elaborate microscopic demonstration that his granulations are *really* superficial Ulcers. He opposes the view of their unimportance, and regards them as very necessary to be attended to by the surgeon. His leucorrheal theory therefore remains for Dr. Bennet to attend to. To these points, therefore, the present work gives particular attention, and we must confess that in the main, very successfully. It is an excellent *resumé* of the subject of Uterine Pathology, the points in controversy, and the real state of the science at the present day. As such, we recommend it to our readers. R. G.

An Introduction to Practical Chemistry, including Analysis. By JNO. E. BOWMAN, F. C. S., Professor of Practical Chemistry, in King's College, London, author of a Hand Book on Medical Chemistry, etc. Second American, from the Second and Revised London Edition. Philadelphia: Blanchard & Lea. 1856. For sale by Riley & Co.

This is another work from Bowman, or rather a new edition of a new work. The author is well known to the American reader, as one of the very few who know how to prepare a work for students. His work on "Medical Chemistry" is one of the best for its size ever written, and this one on "Practical Chemistry" only carries the author still further into the affections of the student. There are very few works in Chemistry that anticipate all the troubles under which a young beginner labors. Besides, they usually contain a vast amount of matter that, to him, is superfluous. Understanding these facts, the author has been induced to prepare this little manual of 298 pages, and from an examination of it, we hesitate not to pronounce it admirably adapted to its object.

Chemistry is essentially an experimental science, and so exclusively is it built up of facts which have been elucidated by processes entitled to belief, that those engaged in its study acquire for it a great love, and a confidence in it, as the means of investigating almost every thing connected with living as well as dead matter.

The Practical Anatomist; or the Student's Guide in the Dissecting Room. By J. M. ALLEN, M. D., late Professor of Anatomy in the Medical Department of Pennsylvania College, Fellow of the College of Physicians, Member of the Academy of Natural Sciences, etc.; with two hundred and sixty-six illustrations.—Philadelphia: Blanchard & Lea. 1856.

This seems to be a new book prepared by the author to assist the Student in obtaining a knowledge of Anatomy. The illustrations of this work of 616 pages are very ample. The publishers give the author a *carte blanche* to select from the able number of drawings contained in the various works published by them. The author has used his privilege liberally, and he has certainly treated the Student to much not found in similar works of the kind.

Although prepared mostly for Students, this work will not be out of place or found wanting, if used by the physician. From a cursory examination of its style and description, we cannot but regard it a very creditable and useful production.

Anatomy we regard as the fundamental of the group in medicine, and the interest which a student takes in this department, is a very good index as to what his position will be in his profession. An accurate knowledge here takes away from him that vacant stare with which so many who are minus in Anatomy are compelled to look upon the phenomena of disease. Well fixed up here, the medical man feels a confidence in his movements that enables him to accomplish the very things that give him distinction among his brethren and uncommon usefulness in the community where he resides. By what we have said we are far from wishing to detract from other branches. All are essential and have their place in a medical education, but a knowledge of how the organism is constructed is the foundation of physiology, this the foundation of pathology, and this again the foundation of practice.

On the Diseases of Infants and Children. By FLEETWOOD CHURCHILL, M. D., M. R. I. A., Hon. Fellow of the College of Physicians, Ireland, &c., &c. Second American Edition, enlarged and revised by the author. Edited with additions by William V. Keating, M. D., A. M., Physician to St. Joseph's Hospital; Lecturer on Obstetrics and Diseases of Women in the Philadelphia Medical Association, &c., &c. Philadelphia: Blanchard & Lea, 1856, pp. 735. (Riley & Co. Columbus.)

The work of which this is the second American Edition is too firmly established in the appreciation of the profession, to need any words of praise from us as an introduction upon its second appearance. It has already taken its rank, not easily to be displaced, as a standard authority upon the subjects of which it treats. We should, however, be unjust, as a reviewer, both to our readers, the author, editor and publishers, merely to speak of it as a second edition, for that implies a mere re-issue of the work, not necessarily in an improved form. In the edition before us, on the contrary, will be found many proofs of our author's diligence and care in incorporating into the original work all the available information to be derived from the researches of competent observers, subsequent to the former issue. Such inaccuracies as had crept in have been corrected, some alterations have been made, several large additions incorporated in the original text, and in every respect the work has been brought up fully to the requirements of the profession at the present time. It is, therefore, the result of the author's matured and carefully considered observations, and embodies his latest and best opinions. Carefully edited by Dr. Keating, and printed in the best style of the well known house of Blanchard & Lea, it will not fail to sustain the previous high reputation of Dr. Churchill, but also, if possible, augment it. To the young practitioner, especially, there is no class of diseases more perplexing in the formation of a correct diagnosis, as the foundation of a proper prognosis and treatment, and certainly none in which failure so surely involves loss of reputation. Among the older physicians, careful observation and continuous study can only shield them from the same risk. To both the present work will be welcome to their libraries, and when there, we can warrant it will not slumber on the shelf. Its pages will often be conned with anxious and searching eyes, if epidemic or other grave disease shall invade the nurseries of those who usually seek their medical aid. R. G.

PART FOURTH.

EDITORIAL AND MISCELLANY.

The New Year, as we write is almost in sight; and the old one just about ending its days. There is room just here for poetry, but we have none on hand. Our progenitors took but little stock in the article, and the little has long since failed to yield any dividends. Badinage aside, it may be inquired what we have to say under our Caption. Well, first of all, a little talk with our subscribers. As far as we know, we have spared no pains to make the Journal an acceptable visitor to the reading public. Our object has been to avoid controversy of every character, and to allow nothing into our pages except what would be calculated to cultivate right feelings, right modes of thinking, and right practice. How far we have succeeded is not for us to say. If, however, we were to judge from the letters of approval received from time to time, from those whose opinions are worth something, we should not become melancholy over the matter. But enterprises such as ours require assistance. Journals are not got up to merely give expression to the views, sentiments, etc., of their editors; such is the least portion of their objects, but to make a record of all that is going on to improve our profession. It therefore seems that every one is under some kind of an obligation to contribute whatever of interest comes under his observation. We have made appeals of this character before to our medical brethren, and to some extent, they have been heeded, but not sufficiently. We renew the request, just at the opening of the New Year, a very good time to enter into praisworthy resolves. This is applicable, especially to young men. To such we would say, make your start if you have not already done so; and all imagined obstacles will disappear.—Indeed, when once fairly on the road, the pleasures evolved more than pay expenses. Don't deceive yourselves with any misgivings about the result, but inaugurate at once habits of industry, discipline and close observation, and at the end of the year the retrospect will be a matter of satisfaction.

We might embrace the present connection to state that as far as our observation extends, the material now entering the profession is an improvement on former times. Our young men are pretty generally well fixed up in the way of preliminary education. This argues well for the future. No calling in existence requires a greater amount of capacity, or more versatility than medicine; and we are happy to find that our accessions promise to be equal to the emergencies.

What the New Year will develope in the way of humbuggery cannot now be determined. The thing is now systematized; it proceeds accordingtocalculation, founded upon the per centum of gullibility in our population, and it returns larger dividends than does the bank or railroad stocks of the country. Some have been sanguine enough to suppose that the end of such things was drawing nigh—that the education of the masses would prove to be a remedy. No such result need be expected. Observation is only necessary in order to see that education in general knowledge has but little to do in dispelling the impositions and frauds of medicine. Who is more amenable to them and their requirements than the poets and clergymen of the country. Besides, if examination were instituted in our colleges and public schools, there is reason to believe that it would reveal the fact that those engaged in educating our children are in the habit of swallowing nostrums for every slight interruption of health. Such being the case, what is there to be expected from education? The remedy, however, we have no hesitency in beleiving, is in education, but it is in that kind which teaches that when we want spiritual advice, we should consult the Sacerdotal order, when we want legal advice we should go to a member of the Bar, and when medical, to a Physician. Educate the masses into this sentiment, and quackery of every kind is at an end. That the New Year may develop a move of this character is our earnest wish.

Transactions of the American Medical Association, for 1856.

We received a "Presentation" copy of this work, though not in time to do more than give it a mere notice. The volume contains 907 pages; and is made up of the Reports of the officers, the address of the President, Geo. B. Wood, a List of the Permanent Members, Essays and Reports of standing and special Committees.

Of the Reports, the most lengthy is By Frank Hastings Hamilton, on *Deformities* and *Fractures*, which occupies 106 pages. This report is a collection of facts on one of the departments in need of investigation, and in connection with what the author has elsewhere furnished, must serve as a basis for what is to be hereafter taught on Fractures. The author for his industry, close observation and analysis of the subject, deserves the thanks of the profession. Those who expect to have anything to do with surgery will do themselve injustice, not to become acquainted with the labors of Prof. Hamilton. The increased frequency of prosecutions for malpractice, which have been every where witnessed in our country, drew the attention of Prof. H. to the subject, and we are happy to say that he is laying it out in such a way as that many a poor fellow by his labors will experience a salvation of perhaps both neck and heels. We perhaps witnessed a prosecution within the past year, where a very worthy member of the profession would most likely have been mulcted into heavy damages had there not been an appeal to the Fracture Tables of Prof. H. The notion has long been rife that the surgeon who treats a fracture is under obligations to make the parts just as good as they were at first, if not a little better.

The Author, by the rigid analysis instituted with reference to the *Results of Fractures*, where not treated by incompetent hands, but by those possessing the qualifications and facilities to do all that can be done, has done a good service. We close this brief notice by hoping that his labors may be continued until the whole subject is placed upon its proper basis before the popular, as well as the medical mind.

We pass over the Report on Hydrophobia. It is a very good digest of what is known on the disease, and its treatment.

There are two Reports on *American Medical Literature.* One By Drs. Breckenridge, Flint & McGugin ; the other By Prof. S. D. Gross. The reader may not see the necessity of two reports on this subject at the same session of the Association. This is explained by the circumstance that touching some points, different views were entertained. Prof. Gross' Report describes the Causes which Impede the Progress of American Medical Literature, and it was in reference to these that the Authors take issue. Prof. G. says, " These causes, although numerous and diversified, may be grouped under four principal heads : 1st. The identity of the language of this country with that of Great Britain ; 2d. A disposition in the profession to patronise English, in preference to American works ; 3d. A want of independence in our periodical press ; 4th. A lack of industry in observing and recording facts in hospital and private practice."

We really confess our inability to see the point in the first cause enumerated—the identity of the language of this country and Great Britain. If this be well taken the more we are shut out from other nations, the higher will our Literature rise. We had supposed that two individuals, or two nations, engaged in the same inquiry, were mutually improved by a frequent interchange of opinions. How would we know that we had a literature that was worth a thought, unless we had one from some other nation with which to compare it. The *preference given to English works,* is not any more valid. No one more than our author ought to know, that it is *merit* which secures for a book its circulation. A work may get a temporary use from some accidental circumstance, or from the puffing of interested parties, but in a profession such as ours, where there is a greater investment of intellect than in any other, it must be utility—exact adaptation to purposes that decides the fortune of a book. What do we care for the English, in this or any other matter, further than as we can make their labors subservient to us. We profited from their political experience, we can do the same thing from their medical. If they get up the best work on Practical Medicine, for example, it would be not merely illiberality but depravity in us not to adopt it.

The Author goes on to say, that " formerly we were reciprocally dependent upon England for all our literature, medical as well as miscellaneous, and the debt thereby incurred, forms no small item against us, but the time has gone by when we require such assistance, and it is therefore clearly our duty to declare ourselves free and independent of the British crown." Here comes the climax :—" To continue longer in our vassalage is as incompatible with the genius of our government as it is disgraceful to us as a nation." Some paragraphs, like some men's heads have but one soft place, but the above one is soft all over. Perhaps, because we have a state of independence as a nation, we ought to get up a system of Chemistry consisting exclusively of the facts discovered in America ; a system of Anatomy, consisting only of those parts of the organism discovered in America, and a system of Surgery, consisting exclusively of what has been found out in this art on our side of the Atlantic. Such would be dependence on ourselves and independence of others. Wonder what, if an *argumentum ad hominem* be allowable, would, by the adoption of this plan, become of the Author's works.—He gets out books with great facility, from whence does he get his material ? How does he think his works would look eviscerated of what is of foreign origin ? The truth is those who have been concerned in getting up American books, have derived nine-tenths of their material from foreign sources. The temple of medical science has been erected on trans-atlantic ground ; nearly all the material that at first entered into its construction, is of trans-atlantic origin. America contributed a few slabs in its erection, France more, and England most. It has now magnificent proportions, and by common consent is regarded as the property of the world.

Under the third head, when speaking of the influence exerted upon American Medical literature by the American Medical press, the Author holds as follows :—" The Reviews are, with few exceptions, written without taste aad without point, as if their authors were afraid lest they should be accused of unkindness, baseness, or ill nature. They are characterised more by politeness than by a manly and independent tone, which is not afraid to utter its real sentiments, and to affix the seal of its unbiassed judgment." We are at some loss to interpret the mood which dictated such sentiments with reference to our periodical press. None connected with it ever had an idea that it was invulnerable, or equal to what it is in countries where medical science has for a great number of centuries been cultivated. That, however, it is on a par with other things among us, especially our *indigenous* works, there is not much reason to doubt.

It is too *polite,* our author thinks, and without *point.* Somebody has said that courtesy is a good investment—not costing much, and yielding immense profits. Perhaps this is an ad-captandum humbug. There may be doubts, however, whether it should be so decided with reference to matters actually under consideration. Not *pointed* enough either, says the author of the report. Perhaps this alleged defect in our periodical press, when looked into a little, might turn out to be somewhat convenient to some who have been figuring in the way of getting up "home productions." Suppose that on the appearance of every new work, our Journals should commence their reviews by "*pointing*" out the exact amount of borrowed, and the original matter which enter into its composition, and then compare the one with the other. Suppose also, that of the matter which purports to be original, a *close* scrutiny should be instituted in regard to the evidence upon which it rests its claims in this respect, the capacity and facilities of the author for such investigation, what would become of many of our books? One of the latest and most original American authors says in his preface to a work on Physiology, that beyond the suggestion of a trifling fact or idea here and there, the matter presented is not original, but derived from other sources. If such be true in regard to the labors of those who have some little claim to originality, what must be the case with reference to the works of those who have only character as compilators, and some of them poor ones at that. The truth is, our periodical press has done right in not probing such works too deeply. They would not bear it. They have generally been got up by men who would rather write than experiment, men who love the rustle of stationery more than they do the inconvenience, care and labor necessary to original research. Not long since, there was an opening in our medical literature for a work upon Microscopy. To prepare a treatise on such a subject, required an actual knowledge of the optical principles, connected with the use of the instrument, and the application of these to the elucidation of healthy and diseased structures—in short it required experimental knowledge of a high order. No one among us came forward to supply this want, and as a consequence it has been done by a gentleman eminently qualified for the task, from abroad. None of the Journals would have objected to a Native American as the author of such a work. But as none came forward, and as the work was needed, they were glad even to hail it in terms of commendation from a foreign source. We may look soon for more works on the same department; and after while they will be so multiplied, each one having a little in it that is good, and a large amount that is redundant, there will again be a demand for the labors of the "Compilators."

In dismissing our notice of this report, we cannot resist the impression that there is a latitunde indulged in by the author neither creditable to himself, or agreeable to any one else. A broad and liberal view of the whole subject of American Medical Literature, will show that while it has faults, they are the faults merely incident to development, and that it has not only kept pace with all else in the country, but has excelled in its taste, profoundness, and justice to all parties concerned. The sentiments, therefore, drawn up and placed on record, with reference to the Medical Press of this country in our judgement, to say the least, demand an extraordinary amount of qualification.

The volume before us embraces a umber of Papers that we have not room to notice. The Report of the Sanitary Police of Cities, by Jas. M. Neuman, M. D., Buffalo, N. Y.; the Report on the Epidemics of Louisiana, Mississippi, Arkansas and Texas, by Erasmus Fenner, M. D. of New Orleans, and the Report of the Meteorology, Mortality, and Sanitary Condition of New Orleans, by E. H. Barton, are all able in their way, and well worth perusing.

The *Prize Essay* which closes the volume, is on the Physiology of the Arterial Circulation, and its Principle Relation to Pathology, by Henry Hartshorn, M. D., of Philadelphia. This being the Prize Essay on a subject in which no one can fail to take some interest, we looked through it a little, in order to see the points for which the Committee awarded the Prize. The essay proposes nothing new that we could notice on the subject of the Circulation, but is taken up entirely with an analysis of the opinions now in vogue.

"MEDICAL CENTRES.—There has been much talk by those connected with certain colleges, about a 'Medical Centre' for the United States. By a certain class, we have had this located in Philadelphia, by another in New York, and within the last year or two it has been claimed that Nashville was the most natural place.

"It is just now a period of apyrexia among these philosophers, or to change the figure, it might be said that the volcanoes have ceased in the way of gas and smoke, and as a consequence we embrace the opportunity to suggest that the 'Medical Centre' will most likely locate itself sooner or later, as near as practicable, in the 'centre' of our national population, and in the centre of the community possessing the greatest degree of energy and prosperity. Obeying such a law, as we should not be surprised if this point should be found in the territory between the Alleghany and Rocky Mountains, perhaps in that part occupied by the people of Ohio. Well, let it come along." —*Ohio Medical Journal.*

We have not the least objection, but it is a little funny that our friend who thus makes a hit at the "gas and smoke" of others, should celebrate their disappearance in this "period of apyrexia," this "era of good feeling," by disgorging his own. But we suppose he only claims the benefit of the maxim that "Every dog has his day."—*Nashville Med. Journal.*

'Spos'en we did, Bro Bowling, emit also a " leetle gas and smoke" in regard to "Medical Centres." Isn't it *secundum artem* to prescribe, "The hair of the dog, as good for his bite?"

SPECIAL MEETING OF THE OHIO STATE MEDICAL SOCIETY.—Our readers will not forget, that the Society at the last annual meeting, determined to hold a special meeting in Columbus, on *the third Tuesday in January*, 1857. As doubtless there will be much important business to be discussed at that time, we trust it will be our privilege to welcome a full representation of the Profession, from all parts of the State—that we shall be able to take by the hand very many *old* friends, and add numerous *others* to the list of those we "know and esteem." The State Legislature will be in session at the time. The legislative Halls in our new State House will for the first time echo with the eloquence of the "collected wisdom" of our noble commonwealth. There will be much of interest therefore to see and hear, independently of our meeting. Let us see a full gathering of Medical men!

Intemperance in Europe avd the East.—By Dr. J. Oscar Noyes.

There is nothing truer under the sun than the old adage, *de gutisbus non disputandum.* When I was a votary of the scalpel under Hyrtl, of Vienna, that great naturalist used to bemoan the loss of an immense collection of anatomical specimens, worth several thousand dollars, at the capture of the city by the Imperialists in 1849. The Croats drank off the alcohol in which the preparations had been preserved, and trampled the professor's household gods under their feet. The anatomical cabinet of Prof. Ruysch and daughter, of Amsterdam, was so admired by Peter the Great, that he purchased it the cost of 36,000 ducats. The preparations were shipped safely to Cronstadt, but in passing from the latter place to St. Petersburg the alcohol was spirited away, as in Vienna, and the collection totally ruined.

The Russians are in fact enormous consumers of alcohol. They send it against the Circassians as they have sent their Crabbes and Woronzoffs. The government derives a great part of its revenue from the excise levied upon intoxicating drinks. At the commencement of every term of the University of St. Petersburg, the servants (old soldiers who have distinguished themselves in the service of their country) are brought forward, and in their presence a portion of arsenic is introduced into every bottle containing an anatomical preparation. Even then they are required to take the oath of total abstinence. In Russia we might almost term alcohol "a fourth estate"—"a power behind the throne, stronger than the throne itself."

I think that travelers making a hasty tour of the continent are generally guilty of egregious errors in their estimate of the extent of intemperance in Europe, and its effect upon social institutions.—They see comparatively few drunkards in the streets, and without caring to make a closer examination, are ready to affirm that intemperance scarcely has an existence—that France, Italy, and Germany, constitute the Utopia of moderate drinking. During a year's residence in Vienna, I had abundant opportunity to observe the extent to which alcoholic drinks were there used.

There are comparatively few drinking houses after our model in the Austrian capital, but the *gast-häuser* serve as lager beer saloons, and *liquors* are sold largely in the thousand and one cafés.

I am of the opinion that in Germany a greater portion of the people indulge in alcoholic drinks, aside from wine and beer, than is the case among ourselves.

In the quarter of Vienna where I resided, one of the most genteel of the city, scarcely a Sabbath evening passed without drunken brawls, to end which the interference of the police was often necessary.

Cases of death resulting directly or indirectly from intemperance, as reported in the journals, were of very frequent occurrence. I remember, in particular, two remarkable instances of sudden death, occasioned by drinking large quantities of spirituous liquors.

The wards of the General Hospital contained about the same proportion of patients whose diseases, hepatic and the like, had been induced by intemperance, as the hospitals in the United States.

Cases of delirium tremens were of frequent occurrence. One of the most common and obstinate forms of disease was distention of the stomach, caused by drinking inordinate quantities of wine and beer. So common was this, in fact, that some of the attending physicians used ordinarily to begin the examination of newly arrived patients by percussing them over the region of the stomach. I may state, *en passant*, that some of the moderate Germans boast of being able to drink a gallon of wine per day, and glasses of Teutonic ale too numerous to mention. Prof. Oppolzer, a physician of world-wide celebrity, whose *cliniques* I attended, often deprecated the drinking habits of the Germans as highly deleterious to health and general happiness. And, in my opinion, the Vienese are more unhealthy and short-lived than the inhabitants of New York.

Hyrtl, by far the greatest anatomist living, often said to us that by a single stroke of the scalpel, in the dark, he could distinguish the brain of an inebriate from that of a person who had lived soberly. Now and then he would congratulate his class upon the acquisition of a drunkard's brain, admirably fitted, from its hardness and more complete preservation, for the purposes of demonstration. As is well known, when the anatomist wishes to preserve a human brain for any length of time, he effects his object by keeping the organ in a vessel of alcohol. From a soft, pulpy substance, it then becomes comparatively hard. But the inebriate, anticipating the anatomist, begins the process of induration before death—begins it while the brain remains the consecrated temple of the soul—while its delicate and gossamer tissues still throb with the pulses of heaven-born life. Terrible enchantment, that dries up all the fountains of generous feeling, petrifies all the tender humanities and sweet charities of life, leaving only a brain of lead and a heart of stone!

Vienna is one of the most dissolute capitals of Europe. The low morality—the indecencies exhibited on every hand—the universal desecration of the Sabbath—half of the births in the city illegitimate—the troops of legalized prostitutes—a single lying-in-hospital, to which a married female can scarcely procure admission, producing annually between four and five thousand bastards for death in infancy, or prostitution and conscription in later years. Would all these things be as they are if the Vienese were a temperate people? No one, I believe, can resist the conclusion, that in their drinking habits is the foundation of most of these evils.

Were the Germans to dispense with some of their wine, beer, and *liqueurs*, they would, in my opinion, become more clear-headed, sound-hearted and virtuous. The despotic, anti-liberal tendency of their literature would cease to exist, and German infidelity—that muddy stream of presumption and pedantry, would, when viewed in a clearer light, become more repulsive and less injurious. With them the grosser appetites are suffered to

"——Drink up the liberal sap,
The vegetating vigor of philosophy,
And leave it a mere husk."

Moreover, wine and beer, with music and the concomitant pleasures, all furnished at a cheap rate, are acknowledged to be important means in the hands of German tyrants for keeping their subjects oppressed. Casks of lager-beer, butts of wine, and fiddle-bows—the props of despotism and the upholders of dynasties!—This is not saying much for the gallantry and heroism of the people; nor, in my opinion, are they worthy of liberty who are willing to take in exchange for it the ravishments of wine and revelry. If it is melancholy to see an individual drowning his sorrows in wine, what is it to see cowardly nations dissolving their griefs and disappointments in the lethean forgetfulness of intoxication? And this is the case, not only in the Germanic States, but throughout Central and Western Europe—England in part excepted. It is in view of these facts that I consider the evils flowing from the use of intoxicating drinks in Europe much greater than in the United States. The individual excess may not be so apparent and repulsive as in our own country, where there is more activity and more complete exhaustion; where men establish new empires, kill polar bears, and get drunk with the same national enthusiasm. But Heaven preserve us from sinking into the Dead Sea of European intemperance, involving the loss of both morality and liberty!

Intemperance is astonishingly prevalent among the Sclave tribes on the lower Danube. The Serbs drink their wretched *Slivovitza,* the Wallachs their vinegar wine, while the Greeks and gipsies dissolve their sorrow in Raki—the vilest possible counterfeit of brandy. The Wallachs also plant a plum tree at the head, and another at the foot of every grave, from the fruit of which they distil an odious but much-loved liquor: "a very literal illustration," says Paget, "of seeking consolation from the tomb."

The Koran is a judicious code of health applied on a magnificent scale. While we thank Mohommed for abolishing idolatry—wherever the faith of Islam is received—for destroying caste and combining a certain amount of individual freedom with the traditional despotism of the East, we have also to thank that "sanitary commissioner run mad" for restraining millions from the use of intoxicating drinks, in a climate where the temptation to use them is exceedingly great, and the consequences more fatal than elsewhere. Alcohol decimated the English army in the Orient.

The Koran forbids the use of intoxicating drinks. The law of Islam is, however, capable of an elastic interpretation, and there are those among the faithful who contend that the interdiction is leveled against the abuse rather than the use of alcoholic beverages, Notwithstanding modern innovations, the great Moslems condemn their use, even in the form of remedies applied internally or externally, beleiving with the Prophet that the "the sin committed in drinking wine is much greater than the advantage reaped from it." Those who have made the pilgrimage to Mecca are most scrupulous on this point. Generally they will neither smoke, nor drink wine—neither buy nor sell it—nor the implements with which it is made, in order to live by such traffic. The sumptuary laws of the Koran are exceedingly strict. "Verily," saith the Prophet, "the fires of hell shall roar like the lowings of a camel, in the bellies of such as eat or drink from vessels of gold and silver." Unfortunately, however, there have been many departures from the early purity of the faith of Islam. The island of Scio was conquered by the Grand Vizier, Kipriuli, on account of the excellence of its wines. Even the dervishes—those pious showmen and cunning Jesuits of the East, are not proof against alcohol. Many of the Sultans have been addicted to intemperance, and the last Padisha, Mahmoud, died of *delirium tremens* actually—though of tubercular consumption officially. One of the first acts of Abdul Medjid was to pour into the Bosphorus several thousand bottles of wine surreptitiously introduced within the walls of the seraglio by the Kisler Aga. Many of the soldiers of Omar Pacha drank freely of Schnapps, a vile liquid invented, they declare, by the devil, long after the promulgation of the Koran, and therefore not forbidden. I do not remember, however, having ever seen more than half a dozen Moslems completely overcome by the influence of *French water*.

There is doubtless much intemperance in Turkey that escapes the eye of the traveler, but by no means so much as might be inferred from the following, taken from MacFarlane's Kismet: "They (the Turks) have no sense of moderation. They may sometimes abstain, but they can never refrain. When they drink they invariably do it to excess. I never saw a Turkish gentleman sit down to his dinner with any appetite. The danger of dining with them, is getting fuddled before dinner commences. Their stomachs are deranged and vitiated, and the effects of this way of living are visible on the persons of most of them. I certainly did not expect to find that the habit had spread very widely among the common people; yet, with a few exceptions every Turk we met, in Europe or Asia, would drink Raki without any scruples and quite openly; and it was not often that they would refuse to partake of our wine. Delirium tremens was a malady by no means unknown among them."

I once witnessed rather an amusing scene in Varna, [then a pandemonium of war and crime, of filth and wretchedness]—a scene of which only Western civilization can boast, and which was Oriental only in the accident of its locality. A few disolute women who spoke the English language, but in whose persons Venus and Bacchus had united their worst attractions, were engaged in a drunken brawl in the open street, with a number of Scotch and Irish dragoons. The French police were attempting to abate the nuisance, but their words were entirely lost on those abandoned courtisans, following in the track of glorious war. A crowd of long-bearded Mussulmans collected to gaze on that singular *apotheosis* of Western civilization in their midst. I shall not soon forget how those turbanned philosophers did shake their heads, and turn away in disgust, saying; "O Allah, the merciful, deliver us from the faults of our friends. By the beard of the Prophet, one Mussulman maiden is worth more than seven of the most beautiful daughters of the unbelievers."

The use of Opium is by no means so common among the Turks as I supposed it to be. *Theriakee,* signifying a lover of Opium, is a term of reproach. The introduction of alcoholic drinks has doubtless had some influence in diminishing its consumption, but the great majority of the Turks are satisfied with the milder stimulus of their favorite Mocha Nectar.

But now then in the vicinity of the *Theriakee Tcharthee,* in Stamboul, may be seen a Turk whose pallid brassy countenance, emaciated features sunken eyeballs, glistening in their deep sockets, plainly mark him as a smoker of the *Madjoon.* In some instances hideous boils break out upon the face and neck of the sufferer, and in others the limbs are paralyzed. Yet they declare that the mental ravishment porduced by their favorite drug, is cheaply purchased with these horrible sufferings. Those accustomed to its use frequently consume 100 grs. per day.*

DRAPER'S PHYSIOLOGY.—In our Bibliographical department will be found a notice of this work. It was sent to us by the publishers, with the request that we would give it "A *discriminating* and *prompt Notice.*" The book is written on a progressive science, and one that in the estimation of the Profession and public, needs further elaboration. Although not without models before him, the author has arranged and written all the matter as though no performance of the kind had ever been undertaken. It might be inquired if any thing has been gained by this. We think not, unless in mere appearance. Designed to be an exposition of human physiology, the work nevertheless enters into much that is collateral, and some things that are usually regarded as being entirely beyond "the record." Of the latter character, must be regarded the effort to define the *soul,* the views advanced on religion, man's moral relations, etc.—subjects rather out of place, to say nothing of their etherial characters, under the caption—*Physis and Logos, a discourse on Nature.* Besides moral matters, the author also discusses the subject of Ethnology. The last chapter has for its heading—"The Influence of *Physical Agents* on the *Aspect* and *Form* of *Man,* and *on his Intellectual Qualities.*"

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* De Quincy used 800 grs. of Opium per day, and I attended a female in New York, suffering from a most painful cancer, in which 800 grs. were given daily for a period of three weeks.

Under this head, there are about forty pages taken up in giving the author's views of the origin of the different races of mankind, capacities, influence of physical agents, causes of difference, etc. The author starts off by giving the portrait of Newton, from the frontispiece of the Principia, and that of an Australian; the one uniting every thing excellent, the other a type of insignificance. The views of Pritchard in regard to unity of origin are adopted and in support, of the theory some reasons are offered. We see among them none but what have been before the world for years. The latest writer on this subject, (Gobineau, On the Moral and Intellectual Diversity of the Races,) has handled this question in a very able manner, while he confesses that there are but two arguments--that of *hybridity*, and his church's interpretation of the Scriptures—which favor the theory of unity, the scope of his work, no less than his facts and arguments, almost universally establish in the mind of the reader, a contrary conviction. What calling for a larger stock of ignorant credulity than the following sentence from Prof. Draper? "In fact wherever we look now, is the same."

PROF. DRAPER'S VIEWS OF THE CAUSE OF COLOR IN THE DARK RACES.—The color of the black and yellow races is attributed to *heat.* "Turning our attention" says the author, "to the influence of temperature, it may be observed that the development of coloring matter in the skin depends on the *heat* to which we are exposed."

The sun being the source of all the heat that we receive, and the amount depending on the obliquity of the rays, it should follow as a consequence, that there should be a correspondence between *complexion* and *latitude.* We are aware that such a conclusion should be somewhat modified by the circumstance of elevation above the sea, and meteorological conditions, they having something to do with the temperature of a place. Still we should look at the law of latitude, to which we have alluded as being the rule, and to it the conformity should be general. How now, is this? Have we the darkest race occupying the equatorial regions of both Hemispheres, and do the colors bleach out as we recede in both directions towards the poles; for according to this theory, the nearer to the equator the darker the complexion, and the more remote, the lighter it should be. There is one circumstance that favors this theory. In Africa, the negroes live mostly on each side of the equator, within from ten to twenty degrees in both directions, and it is here that the race presents its most distinguishing characteristics. But is it true that the intense blackness of the negro is met with in other equatorial regions. Leaving Africa and going east to the Indian Ocean and the Pacific, the position seems to loose force. Hindostan, partly, is in the same latitude (10 degrees north of the equator,) with Guinea. So is Borneo, Sumatra, Java and New Guinea; and as we proceed on the opposite side of the earth, until we approach the American Continent, s number of shoals in the Pacific are found in the same latitude. Now does the color of the inhabitants of these localities resemble that of the negroes in negroland? The most trustworthy observers say no. The color after we leave Africa, is *yellow* or *olive*, deepened in some instances, not from climate, perhaps so much as from amalgamation with negroes. It might be remarked in this connection that color is inseperably connected, as a general rule, with a certain form of the skull. Where it is black, the form of the skull is *prognathous*, where it it yellow or olive, the form is *pyramidal*, and where white, *oval*. It could be asserted with the same propriety, therefore, that climate or heat has produced the prognathous form of the skull of the African, the pyramidal of the yellow man, and the oval of the white. Again the deep black of the African is always found in connection, as a rule, with a black and white wooly head of hair, the yellow colors in connection with straight hair. Now how does it happen that heat crisps the hair of the African in Guinea, and makes no such impression on that of the inhabitants of Borneo, Sumatra, Southern Hindostan, etc.

We leave this connection, to ask a few other questions that should follow as a consequence of the theory of the author. The position he assumes is, the nearer the Equator, the deeper the color, the more remote from it the lighter. As a consequence in the Arctic regions and in the Antartic, we should have the inhabitants reaching the lightest grade of complexion. Are the inhabitants of Van Dieman's Land, of Terra Del Fuego, of the Cape of Good Hope, of Kamtschatka, Iceland, Northern Siberia *white*. All around the Artic circle, and therefore in every longitude, there is to be found one *yellow* race represented in America by the Esquimaux ; in Europe by the Laplanders and in Asia by the Samoides. These people not only agree in color, but are homogeneous in aspect, intellect and habits of life. These regions have been as far as is known, always occupied by the same people, why have they not been whitened by climate ?

We can say nothing in a manner in this connection, on the author's views of the *modus operandi* of *heat* in giving rise to the dark complexion. Here the agency of the liver is invoked. The author assumes that among other things, it is the function of the liver to eliminate coloring matter from the system, and when there is a failure in this duty, there is an abnormal accumulation of this coloring matter in the cuticle. A high temperature, he continues, disturbs the functions of the liver very much, and hence the dark complexion of the inhabitants where this fredom exists. Is there any proof that the coloring matter of the bile is effete, any more than is the coloring matter of the bones, the coloring matter of the liver itself, or that of the kidneys or spleen, or that of the vesicular substance of the brain. Then, again, when coloring matter is disintegrated, as is the case when the blood cells die, and the hæmatin of them is no longer of any use, is the liver more concerned in removing this, than the kidneys? Again, is it true that an African can have all other portions of his system well developed, and yet labor under a disease of the liver that had been entailed on him from all the generations within the historic period. A Northern man going into a warm climate may suffer at first from disease of the liver, but this as we have supposed, is only incident to the period of acclimation, after which his liver will move along as perfectly as his other organs. Finally, do negroes or any branch of the yellow races give any more evidence of disease of the liver, than do the whiter race? Or are their livers more frequently diseased than other parts.

BACK VOLUMES OF THE JOURNAL.—We have on hand a number of the back volumes of the Journal from Vol. II. to Vol. IX. and will now supply them to subscribers at the rate of *one* dollar per volume. When bound up they make a very valuable accession to a library, being the principal means of investigating matters connected with the progress of the science. No young physician should be without something of the kind.

RECEIPTS.—We publish receipts for the *Journal* in this No. If any of our Subscribers notice that their remittances do not appear, they will please inform us and the error will be corrected.

We regret to observe that the existence of the Medical Examiner, edited by Dr. Hollingsworth, terminates with the present number. Its place is to be supplied by the Louisville Review, which will after the first volume, appear under the title of "The *American Medicochirurgical Review,*" the old name being inapplicable since the Editors, Drs. Gross and Richardson, have removed to Philadelphia. We regret that Dr. Hollingsworth retires from our fraternity. His ably edited Journal always occupied a prominent place in our Exchange list—as it was conducted with great ability and dignity. Its successor promises to be a prominent feature in our National Medical Literature. Already, as the *Louisville Review,* it leaped into the front rank of our Medical periodicals. We regret that a more distinct name is not to be given to it instead of one which smacks slightly of imitation. We would wish to see it a leading Journal in the whole Medical commonwealth, not liable to be confounded with any other, from similarity of name.

New York Medical Times has been merged in the *New York Journal of Medicine* during the past year. The latter Journal therefore appears in an improved form and gives evidence of increased vigor.

Mercurial Stomatitis—Chlorate of Potash.—M. Demarquay relates 6 cases in which chlorate of potash succeeded rapidly in curing the stomatitis arising from the action of mercury. In one case, where the mercury had been used for a syphilitic affection, two grammes of this salt given for four days removed the stomatitis, and on resuming the mercurial treatment, and conjoining it with chlorate of potash, salivation did not reappear. The harmlessness of the salt is well known. M. Gustin took eight grammes, but did not find the urine increased ; a sense of constriction in the mouth and some roughness of the gums were produced, and although the saliva was not sensibly diminished, yet it appeared to him more liquid than usual. He has established the fact, that the chlorate is in great part discharged unaltered by the urine. When the salivation has recently commenced, two-gramme doses suffice to check it ; but when it is intense and fully established, the dose must be increased rapidly to five, ten, or fifteen grammes. He advises also the conjoined use of an astringent wash for the mouth.—*Medico Chirurgical Review.*

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THE OHIO
MEDICAL AND SURGICAL JOURNAL.

Vol. 9. Columbus, March 1, 1857. No. 4.

PART FIRST.

TRANSACTIONS OF THE ELEVENTH ANNUAL MEETING OF THE OHIO STATE MEDICAL SOCIETY, HELD AT COLUMBUS JUNE, 3D, 1856.

Columbus, O., June 3, 1856.

The Society met in the Odeon Hall, at 10 o'clock, A. M.

The President and Vice Presidents being absent, on motion of Dr. A. H. Baker, Dr. E. Gaston was called to the chair, and Dr. S. B. Davis and W. W. Dawson were appointed Secretaries.

Dr. John Dawson, from the Committee of Arrangements, welcomed the Society in a brief and appropriate address.

On motion of Dr. Henderson, the reading of the minutes of the last session was dispensed with.

On motion of Dr. J. Dawson, the chair was authorized to fill vacancies in the Committee on Admissions. The following gentlemen were appointed:

Drs. John Dawson, T. W. Gordon, S. M. Smith, Rogers, and S. W. McNally.

On motion of Dr. A. H. Baker, the Committee on Admissions was directed to obtain the names of the members present, and report as soon as practicable.

On motion of Dr. T. W. Gordon, the order of business adopted at the session of the Society, held in the city of Dayton, was adopted for the present session.

On motion of Dr. W. P. Kinkaid, a committee of five men was appointed to nominate permanent officers for the ensuing year. Committee—Drs. A. H. Baker, J. C. Thompson, W. P. Kinkaid, T. W. Gordon and M. B. Wright.

Dr. John Dawson offered the following, which was adopted:

Resolved, That all members who have papers intended to be read before the Society, are directed to present the titles of the same to the Secretary as soon as convenient.

Dr. R. H. Tipton moved that the reporters of the city papers be admitted to seats on the platform. Carried.

The Committee on nominations reported the following:

For President: Dr. Peter Allen, of Kinsman, Trumbull county.

For Vice Presidents: Drs. R. G. McLean, Lockbourne.
G. W. Rogers, New Richmond.
Charles Cochran, Sandusky.
John Davis, Dayton.

For Secretaries: Drs. W. W. Dawson, Cincinnati.
S. B. Davis, Shadeville.

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Standing Committee on Admissions: Drs. J. A. Coons, Dayton, J. W. Hamilton, Columbus, T. Webb, Cincinnati, Henderson, Mansfield, and D. A. Fisher, Reynoldsburg.

On motion of Dr. R. G. McLean, the report of the committee was laid on the table until the afternoon session.

The Committee on Admissions reported the following, as suitable persons to become members of this Society, all of whom were severally elected:

Drs. E. C. Sharpe, Williamsburg, H. L. Chaney, Groveport; D. Tilden, Sandusky; and J. D. Robinson, Wooster.

On motion, the Society took a recess until 2 o'clock, P. M.

AFTERNOON SESSION, 2 o'clock.

Dr. J. B. Thompson moved that the report of the Committee on Nominations be taken from the table, and that the Society proceed to ballot for officers for the ensuing year. Carried. The report of the committee was accepted, and, upon balloting, the gentlemen therein recommended were elected.

Drs. Baker and Kinkaid were appointed a committee to wait on the President elect, and conduct him to the chair.

Dr. Allen, on taking the chair, made a few pertinent remarks. Though the frosts of many winters had silvered his hair, time had not abated his interest in his much-loved profession. He had come to meet his younger brethren and hold council with them, and hoped that our deliberations may be conducted with harmony, and result in mutual good to all.

The Committee on Admissions reported the following, who were severally elected members of the Society:

Drs. Thos. Haines, Nicholsville,
T. Kennedy, do.
J. G. Gabriels, Athens,
J. G. Kyle, Xenia,
J. N. Robbinson, Lockbourne
H. S. Parmester, Erie,
R. N. Barr, Columbus,
W. H. Harper, do.
E. Williams, Cincinnati,
D. F. Forbes, Toledo,
J. W. White, Stockport,
G. W. Henderson, Marysville
James Smith, Groveport,

Drs. T. W. McArthur, Wilmington
L. G. Gurien, Hope,
S. H. Farrington, Ashton,
J. C. Hubbard, do.
B. S. Browne, Bellefontaine,
R. Gundry, Columbus,
T. S. Case, do.
E. Sinnet, Granville,
S. D. Turney, Circleville,
J. H. Olds, do.
Jos. Bulin, Grove City, F.C.
H. G. Stevenson, Westerville

On motion of Dr. John Dawson, Dr. E. L. Hill, of Massachusetts, was elected an honorary member of the Society.

Reports of Standing Committees being called for, Dr. T. W. Gordon, of the Committee on Medical Societies, made a partial report. The committee was continued, and directed to report at the next session.

Committee on Medical Ethics was, by request, continued.

Dr. M. B. Wright offered a series of resolutions reflecting upon the conduct of certain professional characters, and proceeded at some length in their discussion. He defended his course, in furnishing the Committee on Publication with an appendix to the Report on Medical Ethics of last year.

Pending his remarks, the Society took a recess until 8 o'clock, to-morrow morning.

WEDNESDAY, 8 o'clock, A. M.

The minutes of yesterday were read and approved.

Dr. M. B. Wright, being entitled to the floor, proceeded with the discussion of his resolutions. In the course of his remarks he charged Dr. T. Wood, of Cincinnati, with having been engaged in the making, vending and *puffing* of a secret nostrum.

Dr. Wood asked that a committee of investigation be appointed on the charges made against him by Dr. Wright; which request was granted by a vote of the Society.

Dr. W. H. Mussey offered a series of resolutions, as a substitute for Dr. Wright's resolutions, reprobating the course of Dr. Wright, in furnishing the appendix to the report of the Committee on Medical Ethics.

Dr. Murphy, and others, spoke with much warmth in reprehension of Dr. Wright's course.

Dr. Tipton moved the indefinite postponement of the whole subject, which was carried by a decided vote.

Dr. W. H. Mussey offered a report, supplementary to the report made last year, on a plan to regulate the Practice of Physic in the State. This led to a lengthy discussion, in which a number of the members took part.

Accompanying Dr. Mussy's report, were the following resolutions:

Resolved, That the report of the majority of the committee on the plan for the regulation of the Practice of Physic, submitted last year, (page 119, published transactions) be adopted.

Resolved, That a committee be appointed to draft a memorial to the Legislature, embracing these views, and praying that a law be passed in accordance therewith.

[Signed.] W. H. MUSSEY,
R. THOMPSON.

Dr. McNally offered the following as an amendment to the report: (see page 119, published proceedings,) "To decide upon the qualifications of all who may in future enter upon the practice of medicine or surgery in this State." Carried.

On motion of Dr. Henderson, the report as amended was laid on the table until the afternoon session.

Invitation was received from the Superintendents of the Blind, Deaf and Dumb and Insane Asylums, for the members of the Society to visit said institutions.

On motion of Dr Kinkaid, the invitations were accepted, and the thanks of the Society returned.

The following papers intended to be read, were presented by title to the Secretary:

1st. Popliteal Anneuism cured by Compression, by G. F. Mitchell.

2d. Review of a report of a case of death from Chloroform, by R. Thompson.

3d. Pumpkin seed as a nucleus of Vesicle Calculus, in the male, by J. G. F. Holston.

Dr. John Dawson, on behalf of the profession of Columbus, invited the members of the Society to a banquet, to be given at the Neil House this evening at 9 o'clock. Invitation accepted.

On motion, the Society took a recess until 2 o'clock, P. M.

AFTERNOON SESSION.

Dr. R. G. McLean in the chair.

Dr. Kincaid offered the following resolution, which was adopted:

Resolved, That when this Society adjourn, it do so to meet in the city of Sandusky.

Dr. Mussey's report being called up, Dr. McNally offered the following amendment to the second section of the report: "And that an equal number of the Board of Examiners, in conjunction with the faculty, to decide upon the qualifications of the applicants for diplomas." Lost.

Dr. S. B. Davis moved the previous question, which prevailed.

The question turning on the resolutions and report of Drs. Mussey and Thompson, they were lost.

Dr. J. B. Thompson, chairman of the committee on Finance. reported a resolution assessing one dollar on each member, to defray the necessary expenses of this society at its present session. Carried

The committee on Medical Societies recommended that the Pickaway and Green County Medical Societies be admitted as auxilliaries, to this Society. Adopted.

The committee on Surgery reported through its chairman, Dr. Hamilton.

On motion the report was accepted and referred to the committee on Publication. (See Appendix.)

The committee on Practice, by request of its chairman, Dr. S. M. Smith, was continued.

Committee on Medical Literature was by request, continued ; Dr. Wm. Trevitt, chairman.

Dr. Gorden, delegate to the Indiana State Medical Society, made a report, which was referred to the committee on Publications. (See Appendix A.)

The committee on Opthalmic Surgery, was by request, continued. Dr. R. J. Patterson, chairman.

Committee to Memorialize the Legislature for the establishment of Asylums for the adult blind, made a report through Dr. Gordon, which was received and referred to the committee on Publication. (See Appendix B.)

Committee on Obituaries, absent. Dr. R. Thompson was appointed chairman.

Committee on Admissions reported the name of Dr. A. G. Stevenson, Westville, who was elected.

Committee to collate By-laws reported progress, and asked further time, which was granted.

Committee on Uterine Diseases, absent. Drs. R. McMeens, J. D. Robinson, W. P. Kinkaid, appointed.

The resolution offered by Dr. Hackenberg (page 21, published proceedings of last year) was taken up, and after some discussion, in which a number of the members participated, it was indefinitely postponed.

Dr. Tipton offered the following resolution, which was adopted:

Resolved, That a committee be appointed to procure five copies of the transactions of this Society for each year, and have them bound and deposited with the Librarian. Dr. R. H. Tipton appointed said committee.

Dr. Chas. Robertson offered the following resolution, which, on motion of Dr. Gordon, was laid on the table until to-morrow morning.

Resolved, That a committee of three be appointed by the chair, who are instructed on behalf of the State Medical Society, to ask the Legislature, at its next or adjourned session, so to amend the law defining the duties of coronor, as to require him when called upon, to hold an inquest on the body of any person found dead, or who has been supposed to have died by violence or by poison, to summon physicians to make, if, in their opinion necessary, a post mortem examination of the body, and for which examination, they shall be paid such fees, as shall be commensurate with their services, together with the necessary expenses which may result from the necessary analysis of the stomach, &c., &c.

The report of the committee on a Substitute for Quinine was made the order of the day for 8 o'clock, to-morrow morning.

Dr. W. H. Mussey offered the following, which was carried:

Resolved, That this Society hold a special meeting in this city, on the third Tuesday of January next.

Dr. W. H. Mussey offered the following as an amendment to the constitution, which lays upon the table until the next session.

Resolved, That the constitution be so amended as that the annual meetings of this Society, be held in the city of Columbus on the third Tuesday of January, of each year.

Dr. Trevitt offered the following, which was adopted:

Resolved, That a committee of one member from the faculty of each regular school in this State, be appointed by the chair, to report to this society at its next session, on the standard of medical education, preparatory to the admission of students to the study of medicine and surgery.

Resolved, That the chair appoint a committee of three, to report to this society, at its next session, upon the mineral waters of the State, and that said committee be authorized to appoint sub-committees from each section of the State, as may best conduce to a better knowledge of the medicinal and other qualities of those waters.

Dr. John Dawson offered the following, which was carried:

Resolved, That Dr. Milton Greene be appointed a committee to memorialize the Legislature, and see that a proper law is passed to prevent the sale of patent medicines and secret nostrums.

Dr. S. G. Mitchell read an interesting paper upon the cure of Poplitial Anneurism by compression, which was referred to the Committee on publication.—(See Appendix C.)

On motion of Dr. M. Greene, the Society took a recess until 8 o'clock to-morrow morning.

Thursday Morning, 8 o'clock.

Dr. R. G. McLean in the chair.

The minutes of yesterday read and approved.

Dr. J. A. Coons, from the committee on a substitute for quinine, read a report, which gave rise to a lengthy and interesting discussion, by Drs. Coons, Kinkaid, Scott, Smith, Linch, Tipton, Gordon, Potter, Trevitt, and others.

The report, on motion, was received and referred to the committee on publication.—(See Appendix D.)

Communications were received from the superintendents of the Little Miami, the Columbus & Xenia, and of the Cleveland, Columbus & Cincinnati Rail Roads, offering to carry members free of charge, on their return from the meeting of the Society, on the presentation of a certificate of membership from the Secretary of the Society.

Dr. Chas. Robertson's resolution for the appointment of a committee of three to memorialize the legislature in regard to the remuneration of physicians for holding *post mortems,* was taken up and adopted.

Committee: Drs. C. Robertson, H. L. Thrall, and S. B. Johnson.

The Society, on motion of Dr. Henderson, took a recess until 1½ o'clock P. M.

AFTERNOON SESSION, 1½ o'clock.

Dr. R. G. McLean in the chair.

Dr. A. H. Baker, from the committee on Medical Ethics, read a report, which was referred to the committee on Publication, with discretionary powers as to the printing of the same.

Dr. J. G. F. Holston read a paper upon "a pumpkin seed, the neucleus of visicle calculus in the male," and exhibited the specimen.—(See Appendix E.)

The paper was received and referred to the committee on Publication.

Dr. J. C. Kennedy offered the following, which was adopted:

Resolved, That a committee be appointed by the chair, to report at our next meeting such facts and conclusions as they may arrive at respecting the use of chloroform in obstetric practice.

Committee: Drs. J. C. Kennedy, H. L. Chaney, and E. Lynch.

On motion of Dr. Dawson, the Treasurer of the Society was instructed to pay Tizzard & Albright, of Eaton, out of the first moneys received, the balance of their account for publishing the transactions of the Society last year.

Dr. J. G. F. Holston made some interesting remarks upon the microscope and its uses. In consequence of indisposition, he was unable to read his paper upon the subject.

Dr. S. M. Smith moved that Drs. Gundry, Holston, and Mussey, be appointed a committee to report, at the next meeting of the Society, upon the relations of the microscope to pathology. The motion prevailed.

Dr. W. P. Kinkaid offered the following, which was adopted:

Resolved, That the State Medical Society views with deep interest the appointment by the American Medical Association, of a committee to investigate the etriology and pathology of epidemic cholera, and hereby earnestly request the Senators and Representatives in Congress, from Ohio, to render all assistance in their power towards passing a bill through Congress granting to said committee every necessary means to make a thorough investigation of that disease.

The Secretary read a communication from Dr. S. V. Firor, of Tarlton, tendering his resignation as a member of the Society, which, on motion of Dr. S. M. Smith, was laid on the table until the next (adjourned) session.

Dr. T. W. Gordon offered the following, which was adopted :

Resolved, That a committee of three be appointed to institute a sett of experiments in relation to the medicinal properties of the Enonzmus Americanus, and Atropurpureus ; and report at the next session.

Committee : Drs. T. W. Gordon, W. P. Kincaid, and S. M. Smith.

Dr. J. P. Bing offered the following, which was adopted :

Resolved, That a vote of thanks be passed by the "Ohio State Medical Society" to the officers of the several Railroads who have tendered to members, returning home, a free passage on those roads.

On motion of Dr. Kinkaid, it was

Resolved, That a vote of thanks be tendered to the regular Medical profession of Columbus, for the very satisfactory and cordial reception extended to the Society during its present session.

On motion of Dr. Trevitt, Dr. R. Thompson was appointed a select committee, to report upon the fractures of the upper and lower extremities, with their appropriate modes of treatment, at the January meeting.

The following delegates were appointed to the Kentucky and Indiana State Medical Societies ;

Kentucky—Drs. T. W. Gordon, W. P. Kinkaid, R. G. McLean.

Indiana—Drs. D. A. Fisher, A. H. Baker, I. S. Keissinger.

Dr. Trevitt offered the following, which was adopted :

Resolved, That Dr. W. H. Harper be appointed to report upon the epidemics of north-western Ohio.

Dr. W. J. Scott offered the following :

Whereas, the interest would be much better subserved by having the transactions of the Society published, soon after its adjournment, therefore,

Resolved, That the committee on Publication be requested to publish them as soon as practicable.

Dr. J. B. Potter moved that the chairman be requested to report to the committee on Publication, the names of the delegates and alternates to the National Medical Association. Carried.

Dr. Trevitt offered the following resolution :

Resolved, That Dr. Hamilton be appointed a special committee, to report on the subject of the Medico-legal relation of fractures, at the next session.

On motion of Dr. John Dawson, the Treasurer was instructed to furnish to those members who are not in arrears, their quota of the transactions, after they shall be published, and that the Librarian be directed to receive and take in charge all back volumes not disposed of.

Dr. A. H. Baker moved that the report of the committee to memorialize the Legislature be referred to the committee on Publication. (See appendix.)

Dr. A. H. Baker offered the following, which was referred to a committee of three—A. H. Baker, J. W. Hamilton, J. B. Thompson—to report at the January meeting of the Society :

Resolved, That the committee of Arrangements be, and are hereby instructed to employ a competent reporter, to be present at our meeting, and report for the Society as he may be directed.

Dr. J. W. Hamilton gave notice of his intention to introduce an amendment to the by-laws, providing that papers and reports, not ready for publication at the time of adjournment, shall not be entertained by the publishing committee.

Dr. S. B. Davis offered the following resolution :

Resolved, That as Dr. R. Thompson has not had an opportunity of reading his paper, entitled a review of a report of a case of death from chloroform, that he be requested to furnish it to the publication committee, and that that committee have discretionary powers in reference to its printing. (See appendix.)

Dr. D. A. Fisher offered the following :

Resolved, That the thanks of this Society are due, and are hereby tendered to the officers of the Society, for the faithful and impartial manner in which they have discharged their duties, during the present session.

On motion, Drs. Hamilton, S. M. Smith and Trevitt were appointed a committee of Arrangements for the session to be held in Columbus on the third Wednesday in January next.

The Secretary read a communication from the Secretary of the

Indiana State Medical Society, stating that he had forwarded twelve copies of the transactions of that Society, and that he offered us good cheer in our common cause.

On motion of Dr. Gordon, the Secretary was directed to return a suitable answer, accompanied by a like number of copies of the transactions of this Society.

The following list of members were appointed delegates to the American Medical Association:

LIST OF DELEGATES TO AMERICAN MEDICAL ASSOCIATION.

DELEGATES.	ALTERNATES.
J. B. Thompson,	Richard Gundry, Columbus,
G. W. Marris,	N. Gay, do
J. C. Thompson, Bloomfield,	S. D. Turney, Circleville,
L. Foulke, Chillicothe,	T. McNally, Chillicothe,
T. W. McArthur, Clinton county,	T. B. Johnson, Green county,
J. G. Kyle, Green county,	J. R. Dawson, do.
J. Davis, Dayton,	J. A. Coons, Dayton,
M. H. Reeves, Warren county,	Sylvanus Fisher, Warren county,
W. W. Dawson, Cincinnati,	L. C. Rives, Cincinnati,
David Judkins, do.	J. S. Dodge, do.
W. H. Mussey, do.	R. R. McIlvain, do.
C. Robertson, McConnellsville,	J. D. Cotton, Marietta,
J. B. Potter, Canal Winchester,	H. L. Chaney, Groveport,
E. Gaston, Morristown, Bel. co.,	J. Hoover, Barnesville,
J. C. Hubbard, Ashtabula,	S. H. Farrington, Ashtabula,
Benj. Tappan, Jr., Steubenville,	E. Angel, Akron,
C. C. Hildreth, Zanesville,	J. G. F. Holston, Zanesville,
J. P. Kirtland, Cleveland,	J. L. Cassels, Cleveland,
P. Allen, Kinsman,	H. S. Parmeter, Erie,
J. G. Rodgers, New Richmond,	W. P. Kinkaid,
G. F. Mitchell, Mansfield,	J. P. Henderson, Newville,
J. N. Green, Bainbridge,	G. W. Roby, Bainbridge,
S. B. Davis, Shadeville,	Z. F. Guerin, Hope,
Wm. J. Scott, do.	J. N. Robbinson, Lockbourne,
C. P. Thomas, Pomeroy,	W. H. Reeves, Deavertown,
H. S. Conklin, Sidney,	S. W. Fuller, West Liberty,
E. L. Miner, Lithopolis,	M. Effinger, Lancaster,
Mat. Thompson, Mt. Vernon,	H. O. Mack, Shelby,
R. H. Tipton,	J. H. Olds, Circleville,
G. Volney Dorsey, Piqua,	E. M. Buckingham, Springfield,

DELEGATES.	ALTERNATES.
T. B. Johnson, Xenia,	S. Martin, Xenia,
H. G. Carey, Dayton,	Oliver, Crook, Dayton,
S. P. Hunt, Morrow,	D. A. Cox, New Paris,
J. A. McFarland, Tiffin,	Henry Kuhn,
T. W. Jones, South Bloomfield,	J. Helmick, Harrisburg,
D. Lewis, New Haven,	R. C. Hopkins, Cleveland,
W. J. Sullivan, West Middleburg,	S. N. James, East Liberty,
B. S. Brown, Bellefontaine,	J. W. Goddard, Urbana,
J. M. Mosgrove, Urbana,	J. A. Smith, Piqua,
J. N. Wilson, Newark,	J. Hoover, Barnesville,
W. Hendren, Delaware,	E. Carney, Berkshire,
Vespasian Smith, New Carlisle,	J. N. Stockstill,
James Bronson, Newton Falls,	A. Belden, Ravenna,
W. H. Harper, Lima,	H. Spillman, Midina,
Milton Green, Cambridge.	J. P. Bing, Ironton.

After prayer by Dr. S. M. Smith, the Society adjourned, to meet in the city of Columbus, January 20th, 1857.

PETER ALLEN,
President.

S. B. Davis,
W. W. Dawson, } Secretaries.

Columbus, Ohio, January 20th 1857.

The adjourned meeting of the Ohio State Medical Society met in the new State House, to-day, at 2 o'clock, P. M.

Dr. Peter Allen, President, being absent, Dr. John Davis, first Vice President, took the chair, and called the house to order.

The reading of the minutes of the last session were, on motion of Dr. Hamilton, dispensed with.

Dr. Hamilton being the only member of the committee on Admissions present, the chair appointed to the vacancies Drs. Robertson, Hurxthal, Potter and Hildreth.

The chair announced that the rules of the last meeting would be adopted for the government of this.

The committee on Admissions reported favorably on the application of Dr. Gilchrist, of Logan, who was elected.

Dr. Robertson, from the committee appointed to memorialize the Legislature for a law, regulating post mortem examinations, presented a petition which he had prepared to offer to the General Assembly.

Dr. Trevitt offered the following resolution:

Resolved, That this Society approve the petition of Dr. Robertson, and request him to present it to the Legislature, and that the officers be directed to attach their signatures to it officially.

Dr. Gundry offered the following resolution:

Resolved, That a committee of five, of which Dr. R. Thompson shall be chairman, be appointed to report a plan to regulate the Practice of Physic in the State of Ohio.

The President appointed Drs. R. Thompson, R. Gundry, J. M. Bigelow, S. B. Davis and E. L. Hill.

The committee on Admissions reported favorably upon the application for membership of Dr. J. E. Morris, of Bellbrook, who was elected.

The following resolution was, on motion of Dr. Bigelow, adopted:

Resolved, That a committee of three be appointed, whose duty it shall be to confer with the Secretary of State, and also with the Legislative Committee on Statistics, and inquire why a failure of the law, requiring the registration of marriages, births and deaths has taken place the last year, and report to this Society before its adjournment.

On motion, the Society adjourned till 9 o'clock, A. M., to-morrow.

WEDNESDAY, Jan. 21st, 9 o'clock, A. M.

Dr. J. Davis in the chair.

Minutes of yesterday's session read and approved.

Dr. Trevitt moved that Dr. W. W. Dawson be appointed a special committee to report biographical notices of those members who died during the time intervening between the last report made in 1851, and the appointment last June of Dr. R. Thompson, Chairman of the Standing Committee on Obituaries.

The committee on Admissions reported favorably on the application of Dr. W. A. Shephard, of Samantha, O., for membership, who was elected.

The committee on Surgery being called, Dr. John Dawson, chairman, stated that he was not ready to report at this time, but would do so at the annual session.

Dr. Barr offered the following resolution, which was unanimously adopted:

Resolved, That a committee of three be appointed to memorialize the Legislature of this State on behalf of this society, and the Profession in general, *to legalize the study of Practical Anatomy.* The chair appointed Drs. Barr, S. M. Smith and W. W. Dawson.

The committee appoined yesterday to report a plan for the regulation of the practice of physic in the State, being called upon, Dr. R. Thompson, from the minority, after some preliminary remarks, presented a report, recommending the passage of laws for the legalization of the study of practical anatamy, the formation of local and State Societies and the establishment of a university of Medical Science.

Dr. Gundry stated that the majority agreed to the report in all except that relating to the protection of the profession by legal enactments, and that he would embrace the views of his associate members of the committee in a paper which he would offer in the afternoon session.

Dr. Trevitt, from the committee on mineral waters, read an exceedingly interesting paper on some of the mineral springs in our state. This report was listened to by the members of the society with marked attention. The importance of the subject was first alluded to—the high position which mineral waters have always held both among the ancients and in more modern times as medical agents—to the fact that whilst other countries and other states have adopted measures for the development of these blessings from the hand of nature, yet in our own noble state but few of our very nunumerous springs of known virtue have been analysed or their virtues tested. The paper showed that several very important waters had been critically and reliably examined, and upon this department of our state wealth the researches reflected much credit upon the accomplished author.

The report, was on motion, adopted, and the committee requested to continue its labors.

On motion of W. W. Dawson the report was referred to the publication committee. (See appendix F.)

Dr. R. Thompson, Chairman of select committee, on Fractures, stated that he was not ready to report at this, but would do so at the next meeting.

Dr. Barr moved that the society adjourn until 2½ o'clock, P. M.

WEDNESDAY, Jan. 21st, 1857, 2½ o'clock P. M.

Society met. Dr. John Davis in the Chair.

Dr. J. B. Thompson offered the following resolution:

Resolved, That the treasurer be instructed to immediately call on Dr. P. M. Crume, late treasurer, for his report for the year ending 6th day of June, 1856, and also for all books and papers belonging to the office of treasurer.

On motion of Dr. W.W. Dawson, the resolutions offered last year by Dr. M. Green, providing for a committee to memorialize the legislature for the passage of a law compelling the masters and venders of patent medicines and secret nostrums to publish in English the names, quantities and qualities of the ingredients of which they ara composed, before they can be sold in the State, and also a resolution providing for the appointment of a committee to petition the legislature for some regulation to prevent the sale of nostrums, were taken up, and on motion, indefinitely postponed.

Dr. Gundry offered a report from the majority of the committee, to report a plan for the regulation of the practice of physic in the State, which was, on motion, of Dr. Trevitt, adopted, and referred to the publication committee. (See appendix.)

Accompanying Dr. Gundry's report was the following resolution, which was adopted:

Resolved, That a committee of three be appointed by the Chair, to carry out the purposes of the report annexed, by soliciting the co-operation of the Medical Colleges in the State. The president appointed Drs. Gundry, S. Bonner and E. P. Fyffe.

Dr. Trevitt moved that Dr. S. B. Davis and Jno. Dawson be appointed a committee to ascertain as nearly as possible, the cost of publishing the transactions of the society at its last and its present session.

Dr. Bigelow from the committee, appointed to confer with the Secretary of State, in reference to the registration law, reported verbally—

That in his conference with that officer, he was informed that the law was passed after the date of furnishing the Township Assessors with their blanks, consequently, it was impossible to print and furnish the necessary blanks to physicians and surgeons in time, the present year, but Dr. B. was assured by the Secretary that they will be forwarded to County Auditors in a few weeks.

The following resolution was offered by Dr. Robertson:

Resolved, That Dr. W. W. Dawson be appointed a special committee to report to this society, at its next meeting, on the sanitary condition of Cincinnati.

Dr. Gundry was appointed to make a like report on Columbus.

Dr. Robertson, chairman of committee, on Admissions, moved that Dr. Henry C. Winans, of Xenia, Illinois, be invited to a seat in this society.

Dr. W. W. Dawson offered the following resolution:

Resolved, That the members of this society be requested to furnish to the special committee, on obituaries, any facts that may be in their possession, in reference to the age, character, and professional standing of those members who died between 1851 and 1856.

The committee on admissions reported favorably upon the application of Dr. Flowers, of Lexington, Perry county, for membership, who was elected.

On motion of Dr. Trevitt, each auxiliary and organized Medical Society, and each member of this body be requested to contribute to the analysis of the springs of the State.

Dr. R. Thompson moved that the thanks of this society be tendered to Dr. John Davis, 1st Vice President, for the dignified and able manner with which he has presided over the deliberations of this session, and also to the Secretaries for the faithful discharge of heir duties.

On motion of Dr. Hamilton a vote of thanks were returned to Hon. W. H. Gibson, Treasurer of State, for the courtesy which he extended to the Society in granting it the use of this room.

On motion, the Society adjourned, *sine die.*

JOHN DAVIS, M. D.
First Vice President.

W. W. DAWSON, } *Secretaries.*
S. B. DAVIS, }

APPENDIX.

"A."

REPORT OF DELEGATE TO THE STATE MEDICAL SOCIETY OF INDIANA.

One of your delegates to the State Medical Society of Indiana, would beg leave to report, that after writing numerous letters to physicians in various parts of Indiana, and also to those in Ohio, whom he believed might know the time the Medical Society of that State had appointed to hold its annual sesion, he learned through Dr. Brower of Lawrenceburg, when the meeting was to occur, and at the proper time proceeded to Indianapolis, and was received by the State Medical Society of Indiana in the capacity of a delegate, and afterwards elected an honorary member of the Society.

During the session of the Society some able reports of committees were read, and a few interesting papers presented, read, and discussed. The report of the committee on Scarlatina, was listened to with very much interest by your delegate and the most of those in attendance.

At the meeting of the Society for 1857, Dr. Brower, of Lawrenceburg, was appointed a committee to draft a memorial on the subject of a registration law, to be presented to the Legislature of Indiana. The Dr. presented a very able memorial to the Society for consideration. It requested a law based upon the law of Kentucky, or one very similar in its action. The Society adopted the memorial and took necessary measures to have it presented to the Legislature, at its next session.

Among other matters of interest, an action was taken in relation to one of their members who was guilty of making and vending a secret nostrum; he was unanimously expelled.

Another member who was represented to be a medical gentleman of fine talent, and extensive medical knowledge, was dismissed after a lengthy discussion, without a vote of expulsion. The Dr. had been an active member of the Society, and about three months since, entered upon the business of a druggist, and commenced the sale of secret nostrums, but before opening his establishment, proposed to the physicians of his vicinity, to sell no patent medicines, if the faculty would purchase drugs exclusively of him. They were not willing to thus bind themselves, and he commenced the sale of drugs, medicines and nostrums, but prior to opening his store, he resigned his membership in the county society, where he had long been a member. His friend stated that he would have resigned his membership in the State Society if he could have done so at an earlier date, but the late session was the first opportunity he had had, since he concluded to prostitute his profession.

His friend applied for an honorable dismission for him, but was defeated in his undertaking. After further discussion he was dismissed, *minus the honorable.* The Society also passed a resolution commendatory of the action of the American Medical Association, in appointing a committee on the Etiology and Pathology of Epidemic Cholera; and also appointed a committee to draft a memorial in the name and on behalf of the Indiana State Medical Society, to be presented to the committee of the American Medical Association for presentation.

The Society adjourned on the 22d of May, after a session of two and a half days, to again convene on the Tuesday preceeding the fourth Monday in May, 1857.

THOS. W. GORDON,
Delegate to the State Medical Society of Indiana.

"B."

REPORT OF COMMITTEE APPOINTED TO MEMORIALIZE THE LEGISLATURE TO FOUND AN EYE INFIRMARY FOR ADULTS.

Your committee, appointed at the ninth annual meeting of this Society, to memorialize the Legislature of Ohio, for the purpose of founding a state institution for treating blind adults, beg leave to report:

The chairman of the committee, soon after the meeting of the Legislature, wrote to one of the members of the committee, but never received an answer, and therefore failed to receive any assistance from him. The other member of the committee did not render any assistance, from causes unnecessary to mention, and the chairman, therefore, drew up a short memorial and forwarded it to Chamber Baird, Esq., member of the Senate from the sixth congressional district.

Mr. Baird presented it to the Senate, but the delay occasioned by the attempt at conferring with the other portions of the committee, caused it to be too late in the session to meet with complete success. The great indebtedness of the benevolent institutions, also made it a very bad time to present a petition for a farther disbursement of public funds. Owing to these causes it was thought by the friends of the proposed institution, that it would be better to defer the action upon the matter, until the Legislature again comes together in January next, and therefore it was referred to the committee on Benevolent Institutions ; David Heaton chairman.

It will come up at the next meeting of the Legislature, and a prompt effort will probably secure the passage of a bill establishing such an institution. During the last session, the friends of the institution believed it would be suicidal to the bill to try and force it through, under existing circumstances. Your committee believe that an institution of the kind referred to, would be of inestimable benefit to those needing assistance from it ; and if it should be founded, will result in giving sight to many who are now a public charge to the county infirmaries of the State, who cannot be restored to sight, where the medical attendant is not chosen because he is qualified to practice medicine, but because he is cheap.

All of which is submitted,

THOS. W. GORDON,
Chairman of Committee.

"C."

POPLITEAL ANEURISM CURED BY COMPRESSION. BY DRS. G. F. MITCHELL AND JOHN W. BOND, OF MANSFIELD, OHIO.

To the surgeons of Dublin, chiefly, the credit of the revival of the treatment of Aneurism by Compression, is due ; at least they have taken precedence in this interesting subject.

Although but a few years have elapsed since such revival, it has already received the highest marks of approbation from many eminent surgeons, and is destined, we think, to occupy a front rank in appliances of the surgical art.

The value of this mode of treatment, *where applicable*, as compared with deligation, and as shown by the statistics of Dr. Bellingham, and others, is great—far exceeding, in satisfactory results, that by ligature—and is, as Prof. Ferguson justly observes, " sufficient to strike most surgeons with astonishment."

The following is a a brief synopsis of a case treated after the method mentioned :

Early in July, 1854, I was consulted by J. P., aged 28, in reference to a large tumor situate in his left ham. The history of its origin, was as follows : In the spring of 1853 he left this State (Ohio) for California, by the overland route ; and being engaged in droving, he traveled nearly the entire distance on foot. About the time of his arrival there, while exerting himself violently at running, he experienced a keen, stinging pain, directly back of his knee—soon after which a tumor appeared. This had been gradually increasing in size up to the time I was consulted. The tumor was very nearly spherical, about four inches in diameter, being fully equal to that of the articulation of the knee. A uniform pulsation was felt over its entire surface, synchronous with the arterial pulse. Pressure on the cardiac side caused total disappearance of pulsation and diminution in size ; while pressure on the distal side produced increase of volume.

I diagnosed Popliteal Aneurism, informing him, that hitherto ligature had been the treatment most generally recommended, but that now treatment by compression was preferred by many distinguished surgeons, both in this country and in Europe ; that it was equally certain when skillfully employed, more safe, a cutting operation being avoided, and did not compromise a subsequent resort to deligation, should failure occur. This treatment I advised. My friend, Dr. Bond, on consultation, concurred with me, both as to diagnosis and treatment ; and was thereafter associated with me in the management of the case.

Being advised, however, to consult other surgeons, he did so ; but having deligation advised as the only alternative, he returned, and soon after placed himself under our care.

On the 25th July, treatment by compression was begun—the foot and leg being first bandaged as high up as the tumor.

One clamp tourniquet, and one ring tourniquet, were then applied over the femoral; these were alternately relaxed and tightened and their position shifted along the course of the artery. In a short time, however the ring tourniquet was removed and another clamp tourniquet applied in its stead. As the patient was shrewd and intelligent, he was readily instructed in the use of the instruments, and being anxious to carry out the plan of treatment, he was left to regulate, for himself, in a great degree, the amount of pressure.

For the first ten days, compression was applied from 12 to 14 hours in the twenty-four. Some pain was experienced during this time, but none sufficient to disturb the patient. His sleep was sound and refreshing; the tourniquets, however, being always first removed. The tumor had now become decidedly firmer, less in size, and the sack could no longer be emptied; œdema was also fast disappearing.

For the next three weeks pressure was applied from 16 to 18 hours per diem, the sack becoming gradually firmer and pulsation less distinct.

Two small arteries, running longitudinally over the back of the tumor, could now be easily detected. For the next six days, pressure, was continued about 20 hours in the twenty-four, pulsation becoming still fainter; and for the last five days it was applied continuously. At this time, all pulsation in the sack suddenly ceased, diminution in size continuing to take place. Compression was now continued for a few days longer, when exercise was allowed him—the collateral vessels, becoming, at the same time enlarged—six weeks, precisely, being occupied from the time pressure was begun until all pulsation ceased.

At no time was the circulation through the artery entirely checked.

The pain was never severe; the pressure along the course of the vessel being so alternated as to secure to the patient the greatest amount of ease possible. No redness or excoration of skin at any time existed.

Throughout the whole course of treatment he enjoyed himself well, retaining, at all times, his usual vivacity and animation.

Nearly two years have now intervened since his dismissal; and when last heard from, which was but a few days ago, his leg was apparently as strong as the other, and his general health good, so that we may with confidence pronounce the cure complete.

"D."

REPORT OF THE COMMITTEE ON A SUBSTITUTE FOR QUININE,

BY J. A. COONS, M.D., CHAIRMAN.

From the general prevalence of intermitting fever — especially in the last year — its disagreeable results; the costly and uncertain mode of its treatment; perhaps there is no subject of more interest to the profession of Ohio, and the West, than the successful and permanent management of this affection. The summer and fall of 1855 have been unequaled in the history of intermitting fever, in this country. From every neighboring city and town, where it has prevailed other seasons, the physicians testify to its marked increase in 1855. And from localities never affected with this disease before, we can hear of its general prevalence, despite of high lands and dry situations. On this account the profession are the more anxious to hear of some cheap, certain, and agreeable anti-periodic to take the place of quinine.

Some very interesting facts, relative to the immense consumption of quinine in this country, have lately been developed by the secretary of the treasury at Washington, while the subject of revising the tariff was under consideration. It appears that 300,000 ounces of this article are imported to the United States annually, and when we add to this what is manufactured at two extensive establishments in this country, we would have, at the present price, perhaps a million and a half of dollars' worth of quinine used every year in the United States.

From the history of this drug, we would infer that its value would increase from year to year. It is from the high and increasing price of the material from which this medicine is manufactured, that the medicine itself derives its value. And it is from the value, and the enormous quantities used, that the profession, as well as the people, are and should be anxious to discover a substitute.

Among the various articles recommended in periodical fevers, instead of quinine, are salicin, bebeerine, chloroform, turpentine, arsenic, common salt, nitric acid, and sulphate cinchona. Although your committee cannot say that they have discovered a substitute for quinine, they believe there are rapid advances being made by the profession in this direction, and that there are articles now used by themselves and others, of decided merit, and which may, at no distant day, be recognized as substitutes for the great anti-periodic.

As your committee wish to be short and to the point, they only intend to speak of the two last articles above enumerated. They believe they are the ones demanding the most attention at the hands of the profession, and would ask of the members of this society that they would give them a fair and impartial trial. The chairman of your committee has had considerable experience with nitric acid in intermitting fever. His attention was called to this article by Prof. Mendenhall, of Cincinnati, in May, 1854, and from that time until the next September, he prescribed it in 36 cases of intermitting fever, with the following results:

In 10 cases there was no chill after taking acid.

In 8 cases there was one chill after taking acid.

In 4 cases there were two chills after taking medicine.

In 14 cases there were three or more paroxysms after the administration of the acid.

In 35 cases, out of the 36, the acid was successful.

One case was treated ten days with the acid, and refusing to submit to its influence, was treated and cured with quinine; and it is but just to say, that a case was cured with the acid about the same time, in which quinine had failed to interrupt the paroxysms, after several days use.

These 36 cases, or a large majority of them, were treated in the Dayton city hospital, were of both sexes, various ages and constitutions, and affected with the different types of the disease; some cases recent and uncomplicated; others of long standing, with enlarged spleen. The acid was given in 8 and 10 drop doses, every 5 hours, largely diluted with water, during the paroxysms, as well as in the intervals. During treatment there was nothing else given, except mild cathartics, in a few cases.

Professor Mendenhall has tried the acid to some extent, and reports favorable to its success, in the proceedings of this Society for 1854. Dr. Baily, of Indiana, has treated ninety cases with the acid, all of which, except two, promptly recovered. Fifty of his patients had no chill after taking medicine. Others have reported the acid treatment successful, but as our object is more to call attention to this article as an anti-periodic, than to establish its claims as a substitute for quinine, we will make no further quotations in its favor.

In a number of the Western Lancet for 1855, there is a reported trial of the acid at the Cincinnati Commercial Hospital, in which it failed to render satisfaction to those by whom it was prescribed. This trial does not appear to be one on which the reputation of the article should be decided. For in every case, after a limited administration, the acid was discontinued, and something else given in its place. One day the acid would be given, and the next quinine, so that it would be hard to tell which article had the most influence in breaking up the chills. Reports agree that the disease is about as liable to return after the acid as the quinine treatment, and this is our experience. If the acid should be found worthy the place of a substitute, it would be far preferable to any article recommended, in two particulars, cheapness and agreeableness to taste and stomach.

The other article that we shall speak of, and recommend to the profession for further trial and observation, is sulphate cinchonia. This drug has been extensively prescribed in intermitting fevers, and from the published results its effects have been more decided and satisfactory than those of the acid.

In the January number of the Cincinnati Medical Observer for 1856, is published a report of 57 cases of intermitting fever treated with this drug, at the Cincinnati Dispensary, by Dr. Wells — 53 out of the 57 cases were treated successfully. It was given in quantities from 15 to 20 grains, during the intermission, and in some instances 15 grains were given at a single dose.

The editor of the Medical Observer, commenting on this report of Dr. Wells, says: "We can recommend the sulphate of cinchonia as a substitute for quinine, with much confidence."

Dr. Wells' report would have been more valuable if the sulphate cinchonia had been administered alone, especially without the addition of sulphuric acid. He says the cinchonia "was generally given in solution, with a few drops of sulphuric acid, and in this form it seemed to act more promptly than when given in powders." Is it not probable that its prompt action, thus combined, depended upon the acid.

In his first case he gave salt the first day, one hour before chill. Next day, nitric acid mixture — tea-spoonfull every three hours. He then used opium, piperine, and quinine, for two days, all of which failed to interrupt the daily paroxysms. The next day, after the quinine was suspended, he gave sulphate cinchonia, and the next day there was no paroxysm. We think that the change from one remedy to another was so rapid that neither had a fair trial, and that it is probable that the quinine and opium effected a cure in this case. The nitric acid's administration was too limited to be of much value as a test of the article's virtues.

Dr. Thomas, of Philadelphia, in a recently published quarterly summary of transactions of the College of Physicians of Philadelphia, reports 280 patients with remitting and intermitting fever, at three dispensaries, treated by sulphate cinchonia with the most satisfactory results. He says the tendency to relapse after the use of this drug was about the same as after the use of quinine. He also remarks that of the two salts — quinine and cinchona — the latter is perhaps the less powerful, but might be substituted for the other in somewhat increased doses.

Dr. Pepper, in the American Journal of Medicine and Sciences, for January, 1853, published an article in which he states that in 15 cases reported, the cinchona was administered with the most signal success. In a majority of these the disease had been of many months standing, was attended with enlargement of the spleen, and more or less impairment of general health; yet, notwithstanding these serious difficulties, it was promptly checked at the first effort in eleven of the cases, and in only two instances was it necessary to administer the cinchona a second time, for the arrest of the paroxysms.

He further says: "Judging from my experience in former seasons, in similar cases, I am fully convinced that the cinchonia proved quite as efficacious as quinine, and occasionally, indeed, it appeared even *more prompt.*

Dr. Kenderdine, resident physician of the Hospital of the Protestant Episcopal Church in Philadelphia, says he has used the sulphate cinchonia in over 300 cases of malarious fevers of various types; and adds, the chills were checked, and the periodical character of the disease broken up.

From our own observation, and the experience of others, we believe the two articles mentioned in this paper — nitric acid and sulphate cinchonia — are entitled to more confidence at the hands of the profession than they receive. Your committee recommend them to the Society as valuable articles in the treatment of periodical fevers, and as articles more likely than any others now before the physician, to take the place of the great anti-periodic.

We earnestly request the members of this society to individually test the virtues of these drugs the coming season; note the results, and either report the facts to this association, at its next session, or to a committee appointed by the Society, on this subject. In this way we believe, if every man will do his duty, and bear his part, that this question, whether nitric acid or sulphate of cinchonia will be a substitute for quinine, will be settled in one year.

Your committee would recommend the passage of the following resolution:

Resolved, That there be a committee of three appointed upon a substitute for Quinine, and that the members of this Society be earnestly requested to test the virtues of the two articles named in this report, (and any others that they may consider of value,) and transmit the results to the chairman of said committee by the first of January, 1857, in order to give him time to arrange the facts into a report, to be presented to this Society at its next meeting.

J. A. COONS, M. D., Chairman.
THOMAS BRENNAN, M. D.

"E."

REPORT OF A CASE IN WHICH A PUMPKIN SEED FORMED THE NUCLEUS FOR A VESICAL CALCULUS IN THE MALE SUBJECT: WITH AN APPENDIX ON MICROSCOPES AND MICROSCOPY, BY JOHN G. F. HOLSTON, A.M. M.D., ZANESVILLE, OHIO.

At the request of my esteemed friend, Dr. T.W.White, of Windsor, Morgan county, O., I met him and several other medical gentlemen in consultation, at the house of Mr. H., in Morgan county, on the 27th of February last. The subject of this consultation was a young man about nineteen years of age, tall and raw-boned, but emaciated and ex-sanguine.

Dr. White gave, briefly, the following history of the case:

The boy's sufferings commenced two years ago, with difficulty in urinating and violent paroxysms of pain in the bladder; the urine being sometimes bloody, but at other periods limpid and in large quantities. His sufferings rapidly increased, so that he had hardly any intervals of ease, and, even in the course of the first year, he was utterly incapaciated from following his employment as a farm-laborer. Medical advice was sought at an early period, and he was variously treated by different medical men, some of whom diagnosed diabetes, others cystitis; but, till he came under Dr. White's care, it does not seem that any one thought of sounding the bladder, and thus the true nature of the disease remained undiscovered till five months ago. The latter gentleman, by sounding, ascertained the presence of a calculus.

Our consultation, of course, was but a brief one. A stone of considerable size was at once detected and its removal by lithotomy determined on. The patient, fully prepared for this result of the consultation, unhesitatingly assented, and I performed the latter operation, in the usual manner, by Physick's gorget.

There was nothing remarkable in the operation; the chloroform acted like a charm, and this formerly so terrible ordeal, was completely divested of its horrors.

The depth of the perineum was unusually great, and offered some little hindrance to the *speediest possible* performance, but in twenty minutes all was concluded; the patient having lost not over half a pint of blood from the transverse perineal artery, the only vessel divided, and which required no ligature.

He was now but slightly weaker than before, and in half an hour after the operation the smarting, at first felt, had subsided, and he expressed only a feeling of relief.

Leaving the patient in the judicious care of Dr. White, I prepared to depart for my home, having some forty miles of the worst possible roads to traverse. On parting, Dr. White particularly requested me to carefully examine the calculus, as I would probably find a pumpkin seed for its nucleus. The unfortunate patient had been addicted to onanism, and, in one of the vile freaks of that wretched vice, had introduced the seed into the mouth of the urethra, whence, slipping from his grasp, it commenced its upward journey to the bladder, where it arrived within the twenty-four hours succeeding the accident, and from thence date all his horrible sufferings, that had rendered life an intolerable burthen.

The seed must have been introduced, thick end foremost, as, in that case, the expulsive efforts of the urethra, embracing the oblique, pointed end of the seed, would necessarily drive it into the bladder.

Arrived at home, I sawed the calculus asunder, and found in its centre the pumpkin seed, imbedded in concentric layers of phosphate of lime cemented by vesical mucus. The stone measured 1¾ by 1½ inches in diameter, and weighed 1½ ounces.

Dr. White writes to me, under date of February 29th, and thus describes the patient's state on the day after the operation and that subsequent.

Feb. 28th, 2 P. M. Skin moist; tongue slightly coated; wound, in part, united by first intention; half the blood passing through the urethra, with a few small coagula. Presc. pulv. Doveri, 4 grs. every four hours; spts. of nitre, 25 drops between times; sulph. of magnesia to be taken next morning at 8 o'clock, followed by injection in one and a half hours.

Feb. 29th, 3 P. M. Pulse 100, about the same it had been previous to and since the operation; skin moist; tongue less coated;

bowels moved several times; wound looks well; most of the urine passing by the penis. Says he has some control over the discharge, but was advised *not* to exercise it; feels well.

This was the latest intellegence I received till March 13th ultimo, under date of which a second letter from Dr. White briefly announced the death of the patient.

In subsequent conversation, I learned from the doctor that, having progressed well for a few days, there was an entire cessation of all efforts of nature toward recovery; the wound became pale and flabby; the pulse gradually feebler; appetite failed; no more granulations formed, and even those already formed were absorbed.

There was no evidence of active imflammation, or fever, or infiltration of urine, but simply a want of vitality. So, in spite of tonics and stimulants—local as well as general—the unfortunate patient succumbed to his fate, another victim to that detestable vice, whose exhausting influence no doubt conditioned the unexpected result.

By way of appendix, unconnected with the report, but simply placed here because, being a mere tyro in the noble art and science of microscopy, I would not inflict upon the members of the Society an elaborate treatise, but merely call their attention to the subject.

It is true, some of our medical magnates, such as Velpeau, place but a low estimate on the microscope as an aid to legitimate medicine, but it must be recollected that, within our own memory, the stethoscope, the uterine speculum and many other improvements met with a similar opposition. Much of this kind of opposition, to our shame it must be confessed, arises from the fact that, after a certain age, we lose much of our first love and energy, and, having more or less successfully battled with disease, by the appliances already acquired, we shrink from the labor required as well as from the humiliation of descending into the ranks of mere boys in the profession, and perhaps, yea, almost certainly, to be outstripped by them in the acquisition of this new piece of knowledge or dexterity. Beside, microscopy is in its mere infancy, though, when we consider what this infant prodigy has already done in unraveling minute anatomy, clearing up obscure points of physiology, extending the domain of natural history, etc., etc., I think we have fair promise that ere long it will perform in pathology what already it has done in kindred sciences.

America has the boast of producing the best microscopes in the world; France the cheapest. The objectives manufactured by

Spenser, of Canastota, N. Y., are as much superior to the best English glasses, as they undoubtedly are to the best French. Those of T. & W. Grunow, of New Haven, Connecticut, are, for powers, not exceeding one-fourth, or perhaps even one-eighth, probably equal to Spenser's, and somewhat cheaper, while their *superior* powers are still equal to the best English. An instrument furnished with one and one-fourth inch objectives, by these latter gentlemen, is furnished for $75 to $80.

If cheapness, however, with a really considerable degree of goodness, is required, the instrument No. 106, on the catalogue of Messrs. McAllister & Brother, of Philadelphia, will furnish that desideratum. It is made to their order in Paris, in the form of Oberhauser's vertical, and is about as good an instrument, though costing only $32. Any one, however, paying attention to microscopy, will soon find the necessity of superior instruments, and deem a Spenser or Grunow cheaper at $80 than a French instrument of equal pretensions for $40.

With these few brief remarks I close, hoping they will excite some attention to this interesting field of research.

[Two microscopes were exhibited and described, but for want of plates that description would be unintelligible, and is therefore omitted.]

"F."

DR. TREVITT, FROM THE COMMITTEE ON THE MINERAL WATERS OF OHIO, MADE THE FOLLOWING REPORT:

From the earliest history of civilization, whether under Christian or heathen dispensation, and long before the light of chemical science had dawned upon the world, medicinal springs were known, appreciated and thronged by thousands of anxious invalids, in pursuit of health by imbibing their healing waters, and laving in their luxurious baths, as well as by the votaries of pleasure, who in the enjoyments of their own smiles, reflected from the placid waters, found the fountain of happiness vainly sought by ancient philosophy or modern conventional forms of fashionable society. A long list of names of the most distinguished ancients, graced by those of Hippocrates and Galen, bear testimony to their efficacy, and Celsus in his eight books on Medicine assigned to kind nature's pharmacy, a high position in the healing art.

Our transatlantic brethren, more particularly those of France and Germany, have directed their attention very largely to this important subject; the waters of their medical springs having been analyzed with great care and accuracy, and those deemed efficacious, are thronged with visitors in pursuit of health under the guidance of the most eminent medical advisers; many of these springs enjoying a world wide reputation in the treatment of disease.

There can be no reason to doubt but nature has been as liberal in the dispensation of her pharmaceutical and medicinal agents ready prepared from the mineral kingdom in this country and adapted to the treatment of disease in its protean forms, as she has been lavish of her favors in other departments of life; and yet, with the exception of a few of the States, the analysis of these waters has been comparatively neglected, or but carelessly performed. Indeed, in this fast age, it would seem that even the medical profession is not disposed to tarry to analyze the properties of these invaluable treasures, and in our own noble State, with a population and wealth equal to the whole thirteen at the time of the revolution, and with many times the number of schools and seminaries of learning, but few of our very numerous medicinal springs of known virtue, have, as yet, been analyzed.

Many of them nevertheless, are visited by invalids, and enjoy considerable reputation where no analysis has ever been made, and with no certain knowledge of their medicinal virtues; visitors being attracted to them more from their disagreeable taste, or offensive odor, than by the light of science reflected from chemical analysis, or any critical investigation of their properties.

The popular mind, ever upon the stretch for some panacea for all human ills, if not directed by the hand of science, is ever ready to experiment with the products of nature's labratory; and it is not strange that it should sometimes be led into fatal error by the sense of taste or smell. Many springs have attained to considerable eminence in popular estimation, from the purgative quality of the common salt, or the Epsom salts, which they contain, and the sulphuretted hydrogen they evolve; and we find persons deluging their stomachs with the same water for every variety of disease, from obstinate constipation and chronic diarrhœa of the adult, to the colic and cholera of children of the most tender age, with no clear or definite idea of the principle upon which it is to kill or cure the subject of the experiment.

That the unskilled invalid in his eagerness for life should quaff the flowing waters so freely poured out by the unseen hand of his angel of health, but confirms the truth of man's intuitive reliance upon the wisdom of his creator. While these waters whose sensible properties proclaim their virtues trumpet-tongued to the world, are known and appreciated, others, perhaps far more valuable from their applicability to a greater variety of maladies, but tasteless and inodorous, are passed by, to waste themselves unseen and unknown to the invalid, whose soul-tenanted frame is falling into decay for the want of these unseen minerals to brace and strengthen its structure; for some of the most valuable ingredients of these waters are held in quantities not sensible to human taste or smell. Indeed, it by no means follows, that because water is limpid, tasteless and inodorous, because it is delicious as an agent to quench the thirst of man or beast, that it is the less a valuable medicinal agent.

The importance of an analysis of the mineral waters of the State, and a familiarity with their virtues to the profession, is impressed by the well known fact, that plants and animals in their physiological condition require a large supply of minerals, and we contemplate with admiration the divine arrangement by which the large quantitities of these agents are supplied: of the *lime* that is accumulated and deposited to perfect the bones: of the *iron* that flows in the blood to give strength and provide the color that imparts bewitching carnation to lovely lips and furnishes the tints that announce the tender sensations of devoted hearts, or, depicts the emotion of shame through a mantled cheek, and we find that sulphur and phosphorus, potash and sodium, magnesium and silica, are not only endowed with vitality but fulfil so important a part in the animal economy that any deviation from their due proportions is imminently hurtful, and if that deviation be not speedily corrected will sooner or later result in disorganization and destruction to the entire animated tenement.

If foreign ingredients are contained in that agent which was adopted by our first parents as the most suitable beverage for the human race, and which has been in universal use for man and animals to the present moment, entering into and constituting, as this agent does, so large a proportion of the animal economy, these ingredients must leave their impress for good or for evil, and contribute to promote health, strengthen the constitution and prolong life; or, on the other hand, enfeeble the animal, aggravate disease and hasten dissolution, as they may be congenial or obnoxious to the living principle.

Your committee believe that an enlightened policy of the Councils of State would, in connection with a "Bureau of Statistics," provide for the analysis of these valuable waters with which nature has so bountifully supplied us, but in the meantime would recommend to the profession that each member be requested to contribute something from his respective neighborhood, to the accomplishment of the object in view.

In this report your committee expects to do but little more than awaken the attention of the profession to the importance and magnitude of the subject before them; and to solicit from each a small contribution to the common stock for the general fund of information.

In addition to a report on the analysis, medicinal properties, &c., of the artesian wells at Bryan, your committee has collected all the published results of the valuable mineral waters of the State, so far as they could be found, as well as the location of many of which but little is known, hoping thereby to call to them the attention of those in their vicinity.

ARTESIAN WELLS AT BRYAN, O.

An analysis of the water of the extraordinary artesian wells at Bryan, the county seat of Williams county, was made with great care and accuracy by T. G. Wormley, M. D., Professor of Chemistry in the Starling Medical College, &c., also a member of this committee.

The town of Bryan, or "Fountain City," as it is familiarly called, on account of the peculiarly interesting character and abundance of the artesian fountains there, contains from twelve to fifteen hundred inhabitants; and nearly every family in town is supplied with a perpetually flowing fountain, all of which possess the same uniform character, and, doubtless, have a common source.

The country about Bryan is of a deep, rich, alluvial soil; a gently undulating surface; is regarded as more than usually healthy, being more exempt from malarial disease than a like character of soil in other regions of the same latitude.

These wells are obtained with but little labor and at a trifling expense. Two men, in from two to four days, with the most primitive kind of instrument for boring, can usually reach the subterranean stream, which, doubtless, has its source in an elevated and probably distant region, from which a jet of water is thrown up with great force through the bore, probably under hydrostatic pressure, and overflows at the surface; and, if enclosed in a tube, as a leaden pipe or a pump-stock, is thrown to the height of six, ten, and sometimes fifteen feet above the surface of the earth; some of them at the rate of sixty barrels or more an hour!

ORDER OF STRATIFICATION.

In descending, the order of stratification is as follows:

1st. Alluvium, from *four* to *six* feet.

2d. Blue Clay, sometimes extending to the hard pan, but generally underlaid with

3d. Black Sand, which is sometimes blended, sometimes alternated with layers of *white sand*, and, in town, usually averages *six* or *seven* feet, while, south of town, it has sometimes been found *twenty-five* feet.

4th. Hard Pan, from three to four feet, composed of *clay, sand, gravel,* and perhaps *marl*, cemented so hard that it resists the action of the instrument almost as much as solid rock, requiring usually half the labor of the entire well.

5th. Water, the depth of which is not certainly known, but unquestionably a flowing stream of considerable breadth, as fountains corresponding with these have been obtained two or three miles to the eastward, and as far to the south.

The result of Professor Wormley's analysis is as follows, viz:

"Temperature of the water 45 deg.; that of the atmosphere being 72 deg.

The amount of solid ingredents in *one gallon* of water is as follows:

Potash	1.654	grains.
Iron	.864	do
Lime	1.522	do
Magnesia	3.250	do
Alumina	trace.	
Silica	trace.	
Sulphuric acid	1.408	do
Hydrochloric acid	1.064	do
Carbonic acid	4 600	do
Free carbonic acid	4.600	do
Total amount of fixed matter in *one gallon* of water	14.362	do

The 4.600 grs. of free carbonic acid in one gallon would measure 9.78 cubic inches.

Combining the above ingredients, we have, of—

Sulphate of potash	3.062	grains.
Chloride of iron	1.928	do
Carbonate of lime	2.718	do
Carbonate of magnesia	6.654	do
Alumina	trace.	
Silica	trace.	
Fixed salts, in *one gallon*	1.4362	grains.
Free carbonic acid	4.600	do

The amount of *alumina* was so small that a separate estimate of it could not be made ; so, also of the *silica.* The *alumina* is, however, included with the iron.

The principal characteristic of the water is the large amount of magnesia which it contains, which is unusually large, and the amount of iron, which is, also, large. The water might be termed "*magnesian chalybeate.*"

LOW TEMPERATURE.

One of the most striking characteristics of the water of these fountains is its remarkably low temperature at all seasons, ranging only from 10 deg. to 13 deg. above freezing, in the hottest weather.

ARTESIAN FISH.

Another interesting circumstance is the remarkable fact that, great numbers of a very small variety of fish come up from some of these fountains, specimens of which James W. Taylor, Esq., late State Librarian, procured and kept for a long time in the State Library, for the inspection of the curious.

In a scientific view, the analysis of the water of these extraordinary wells is important. Entirely unlike the surface water of that entire region, it unquestionably has its source in a geological formation unknown in that vicinity.

The process adopted by nature by which the large quantities of chloride of iron, the magnesia and other ingredients are taken up and held in solution, in this and similar cases, may not be easily explained. The water doubtless has its origin from some remote source, if it be the result of a solution from strata through which it percalates, unless the geological formation of that vicinity is entirely unlike what appearances upon the surface would indicate ; and, if we could suppose it to be caused by chemical action going on in the earth, by the aid of water and internal heat, or the direct agency of volcanic heat, the low temperature, and the living fish that are thrown out, sufficiently testify that the change must be effected at a remote point.

FOR CULINARY AND OTHER USES.

It is clear, pure, delicious, refreshing, as a beverage, to quench thirst, and is used exclusively by all the inhabitants for culinary purposes, for which it is regarded as of the very best quality.

AS A MEDICINAL AGENT,

These waters unquestionably possess remedial virtues of a high order. Strongly tonic, and mildly aperient and alterative, their analysis sufficiently indicates the number and the character of the diseases to which they are adapted, and when they shall have been thoroughly tested, and their use skilfully directed by the hand of science, they will, no doubt, be appreciated as agents of no mean value.

They are the only known waters in the State, and, with a single exception, in the United States, so far as is shown by the result of any analysis within our knowledge, that contain iron, in the form of a chloride. There may be others, but a pretty thorough research has failed to discover the record of any such.

The acknowledged superiority of the *chloride* of iron in many affections, where it is indicated, would secure its more general use, but for the disagreeable taste of the drug as it is prepared in the shops, which renders it difficult of administration, especially to children and delicate persons. But in the dilute form in which it exists in these waters, pharmaceutically prepared by nature's own hand, it may be taken as a delicious beverage, and in sufficient quantities, if persisted in, to fulfil most of the indications for which it is usually prescribed. As a tonic, in all the cases in which the other ferruginous compounds are administered, this form of iron is at least equally as valuable as any of them, and from its physiological effect upon the urinary system, we might expect it to be an efficient agent in affections of the kidneys, bladder, urethra and the prostate gland, and experience has demonstrated its great value in passive hemorrhage from the kidneys, uterus and bladder; and the success that has attended its use in gleet, leucorrhœa and the latter stage of gonorrhœa, is only equaled in anemia, chlorosis, scrofula and kindred affections.

The immediate sensible effect of this water when taken freely by those unaccustomed to its use, is that of a mild, but pretty brisk purgative, operating freely without the least pain or inconvenience, the result of the magnesia, of which it contains enough to secure a healthy peristaltic action, promote the secretions, etc., without any danger from the debilitating effects to persons of feeble habits such as might result from the excessive purging that sometimes follows the free use of mineral waters more strongly purgative.

The renowned "Saratoga Springs," situated in that range of country so famous for its salt springs, are all largely impregnated with common salt, to the purgative qualities of which they doubtless owe much of the celebrity they have acquired as remedial agents. The celebrated "Congress Spring" of this group, contains about 430 grains of common salt to the gallon; or nearly a teaspoonful to a pint, rendering it exceedingly brackish, and disagreeable to the taste, and a brisk purgative if taken in quantities that would be indicated for use as a tonic.

Some who are unwilling to wait for the results of remedies unless administered in heroic doses, may be skeptical as to the effect of iron in the quantity found in this water. Let such reflect that it is upon the slow and gradual introduction of this agent, which in health always exists in the blood, and pervades every part of the system, that its success in the treatment of chronic diseases depends, and that the dilute form in which it exists in mineral waters is that which is best adapted to be introduced through the medium of "the large mucus surface of the entire digestive canal, to every portion of which it is applied, and by which it is freely absorbed; thus reaching all the tissues of the animal frame," communicating no shock—causing no congestion and resulting in no dangerous reaction.

OTHER WELLS—CARBURETTED HYDROGEN.

Some two or three miles easterly from Bryan, three wells were sunk near each other, to the respective depths of *fifty*, *fifty-seven* and *fifty-nine* feet; all of which produced water so bitter that it was entirely unfit for use. And within eighteen feet of one and twenty-five feet of another of these bitter wells, at the depth of *forty-two* feet, a vein was struck which poured forth an abundance of most delicious water, apparently of the same quality as the Bryan wells.

And not far distant, after boring about thirty feet, a strong current of carburetted hydrogen was thrown up, which coming in contact with a lighted taper, exploded, to the great alarm and some injury to the operator. Carburetted hydrogen in considerable quantities has also manifested itself in several other localities in that region, which gives rise to interesting inquiries among the people as to its source, whether attributable to decomposition and recomposition, the result of chemical action occurring in the earth, independent of heat, and proceeds from underlaying beds of coal, or other forms of carbonaceous matter, or from some other source.

COLERAIN TOWNSHIP SPRING.

The following analysis of a specimen of water from Colerain township, Hamilton county, O., is taken from the Western Lancet, of September, 1848:

Bi-Carbonate of Lime,	grs.	6.9
Bi-Carbonate of Iron,	"	1.7
Bi-Carbonate of Magnesia, a trace,		
Muriate of Lime,	"	2.0
Muriate of Magnesia,	"	9.7
Muriate of Soda,	"	31.7
Sulphate of Lime,	"	7.7
Iodine, a distinct trace,		
Bromine, a distinct trace,		
Solid matter in 32 f. ℥	grs.	59.7

DELAWARE SPRINGS.

The result of the analysis of the "Sulphur Springs," at Delaware Ohio, made by Prof.H. Mitchel, of Kenyon College, as published by the proprietor of the springs, is as follows:

One hundred grains of the deposit obtained by evaporating several gallons of water, contained,

Muriate of Soda, (common salt,)	48	grs.
" " Lime,	20	"
Sulphate of Magnesia, (Epsom salts,)	16	"
Sulphate of Lime,	8	"
Carbonate of Lime,	5	"
Loss,	3	"
Solid contents,	100	grs.

And one wine pint contained,

Sulphurretted Hydrogen Gas,	12 cubic inches.
Carbonic Acid Gas,	3 " "

This water, [Delaware,] it seems owes its active medicinal virtues chiefly to the very large quantities of Muriate of Soda, and Sulphate of Magnesia it contains; and no better means of relief can be afforded in diseases dependent upon plethora, with its various manifestations, than the judicious use of mineral waters of this class, which promote copious secretions from the bowels without irritation, and not only afford relief, as purgatives, but they act as deobstruents and alteratives, and are supposed by some, to imitate very closely, the critical evacuations that sometimes occur in the progress of disease relieving conjestion of the mucus membranes, the liver, etc., without occasioning the commotion incident to the use of drastic purgatives.

The well known celebrity that the water of these springs has acquired, since Prof. Mitchell's analysis, is ample proof of its efficacy as a remedial agent.

HART'S SPRING.

About seventeen miles above Columbus, near the Scioto, is "Hart's Spring," said to be similar in its chief characteristics to the above. Its waters have been analyzed, but your committee has been unable to produce the results.

It is regarded as highly valuable and is thronged with visitors during the summer months.

There is a *Sulphur Spring* on the Miner farm, near Columbus, which appears to be quite similar to that of Delaware.

The *Yellow Spring*, in Greene county, sixty-four miles north of Cincinnati, near the Little Miami river, on the Little Miami Railroad, "is a copious and constant fountain, that issues between strata of arenacious limestone, and thus has geological characters perfectly identical with the chalybeate springs of the Olympian valley in Kentucky."

Your committee has not been able to obtain the result of the analysis of this spring, although made several years ago. Dr. Drake says, "the temperature of the water is 52 deg. f., precisely that of the other springs in the neighborhood. The water is transparent, emits no bubbles, and has a slight chalybeate taste; but this does not prevent its being used for a variety of domestic purposes. In composition it resembles all the other springs of a limestone country, with the addition of carbonate of iron.

The water acts as a diuretic, but whether more than common water in the same quantity, is questionable. As a laxative its action is very small, if it can be considered as having this effect at all, with any uniformity. The water is rather restorative than curative, and as such it is admirable for convalescents. It is, if not the most potent, at least the most pleasant of tonics, and hence it is adapted to exhausted states of the system, following prior diseases of violence, or associated with dyspepsia, and various nervous disorders.

In regard to this spring, Dr. Riddle [Geological Report, O.,] says, "carbonic acid bi-carbonate of iron and bi-carbonate of lime, were the only substances appreciated by my experiments. Seldom indeed, are fountains met with in Ohio, yielding water of such great purity."

WESTPORT SPRING.

Dr. Bell, (Mineral Springs,) says " the *Westport Spring* rises in the bed of Deer creek, a tributary of the Scioto River, from a vast bed of clay slate, which for many miles forms the bed of the creek, and a cliff along its banks twenty feet high.

The water flows abundantly, so as to yield probably a barrel in two minutes, and when confined in a wooden tube it rises to the height of eighteen feet, and then runs over at the top. It contains sulphate of magnesia, iron and carbonic acid, which last gives it a sparkling appearance as it rises from the earth. In its operation it is moderately cathartic, and as such would be adapted to a number of morbid states not yet specified in its records."

For want of more extended information, we extract from Dr. Riddle (Geological Report,) the following brief notices of mineral waters in this State.

Sulphur Spring, half a mile southeast from Urbana.—In the fountain water I detected sulphuretted hydrogen, carbonic acid, muriatic acid, lime, magnesia, and organic matter. Owing probably, to the organic matter, it is a little unpleasant to the taste, and is consequently, not much frequented.

Two Chalybeate Springs, near Dudley, Hardin county.—"Reagents indicate the presence of muriatic, sulphuric and carbonic acids, lime, magnesia and oxide of iron.

Mineral Spring, on the east side of the Timochtee.—"Carbonate of lime and peroxide of iron, are plentifully precipitated. In addition to the carbonic acid, lime and iron, I found the water to contain magnesia, sulphuric and muriatic acids."

Two Sulphur Springs, on the Sandusky river, three miles below Upper Sandusky.—"The water emits the odor of sulphuretted hydrogen, and deposits, on sticks and stones at the bottom, filamentous crystals of a white substance, which I take to be hydrate of sulphur, (lac sulphuris,) a definite compound of sulphur and water; silver coins become quite dark in the water in eight or ten minutes. The following substances answered to their appropriate tests, viz: sulphuretted hydrogen, sulphuric and muriatic acids, lime and magnesia.

The Great Wyandot Spring is situated on a low piece of river bottom, half a mile lower down, and eight or ten rods from the west bank of the Sandusky. This fountain is very copious, yielding probably more than twenty gallons a minute.

These waters unquestionably possess remedial virtues of a high order; but unfortunately the site is subject to the sweeping inundations of the Sandusky, on which account not even the rudest improvements for the accommodation of visitors have yet been attempted."

Big Spring, at Springville, Seneca county.—"By a hasty examination with reagents, I found it to contain sulphate and muriate of lime. Carbonic acid and magnesia were not tested for. This fountain may be regarded as the head of the Auglaize, a large tributary of the Maumee river."

Fountain, in Sandusky county.—"Three miles and a half east of Sandusky, I crossed Green creek, which is said to rise in a single immense fountain, four miles above. The water is so brackish and sulphurous as to be of no use, except to turn mills. When it issues from the earth, it forms a pool of three acres extent, while the draining stream equals in size the Olentangy near its mouth. Sink holes are common in the country above its source; but whence comes so much mineral water?"

Spring, a mile west of Monroe, Huron county.—"I gave the water a slight examination detecting the presence of lime, muriatic and sulphuric acids. There is also a copious deposit of a dark steel gray powder, undoubtedly the sulphurate of iron, which, it appears to me, results from the reaction of sulphuretted hydrogen, with the sulphate of iron; which compounds, the decomposition of the pyrites (bi-sulphuret of iron,) and shale may previously evolve."

Spring, in Greenfield township, Huron county,—"Half as large as the Yellow Spring, from which now slowly subsides the same ocherous sediment. It differs from the Yellow Spring water in spontaneously yielding likewise a steel gray precipitate, or gunpowder deposit, the proto-sulphate of iron."

Mr. Whittlesey (Geological Report) mentions the following mineral springs as of some importance as remedial agents, but gives no analysis:

Near the Mahoning in Milton township, Mahoning county, is a fine discharge of water strongly charged with uncombined sulphur.

At Price's mill, in the bed of the same stream, a small spring issues, which appears to contain several mineral ingredients not determinable without analysis.

In Edinburg township, Portage county, are springs. "The water is abundant and not offensive, containing but a small quantity of sulphuretted hydrogen gas."

"A copious discharge of water at Brandywine Mills, contains iron, a trace of sulphur and some unknown ingredients."

Mr. Briggs (Geological Report) mentions two mineral springs on the banks of the Maumee river, at Miltonville, Wood county.

Carey's Spring "issues from a ledge of limestone, 15 or 20 feet above the head of the Timochtee, in Wyandot county. The water is highly charged with sulphuretted hydrogen, and some saline matter. It operates as a gentle cathartic upon those not accustomed to its use."

Annapolis Sulphur Spring, "discharges 4 or 5 gallons per minute. Bubbles of gas, probably sulphuretted hydrogen, occasionally rise to the surface. This spring doubtless possesses remedial virtues."

Knisley's or Crawford Sulphur Spring, located about 7 miles northeast of Bucyrus, on sec. 29, Sandusky township, near the Sandusky river. "The water is highly impregnated with sulphuretted hydrogen, tarnishes silver and deposits a sulphurous precipitate a short distance from the spring. One of its most remarkable features is a deposit of a redish or purple sediment at the bottom, giving to the water a color resembling a tincture of idoine. The water contains sufficient saline matter to operate as a gentle cathartic when taken in moderate quantities; and is also diuretic and diaphoretic in its effects. This place may become one of our most valuable watering places."

"Chalybeate Springs, on the opposite side of the river from Bucyrus. The water contains some iron, which forms a yellowish precipitate. This water may be used as a tonic in some cases of debility."

Sulphur Spring, one and a half miles east of Zoar, Tuscarawas county. It has been used with some success for medicinial purposes.

Their is also another sulphur spring three or four miles north of New Philadelphia, which may be of some value.

Chalybeate Spring near Newcomerstown. It deposits oxide of iron in considerable quantities. This water will, without doubt, be valuable as a tonic in some diseases.

Dr. Locke (Geological Report) mentions the following springs, but furnishes no analysis of their waters:

Chalybeate Springs, at Darrtown, Butler county.

Chalybeate Springs nine miles from Dayton.

Sulphur Springs, near Locust Grove, Adams county.

"Massie's Spring," near Chillicothe.

In conclusion, your committee hope, through the agency of the members of this Society, to receive contributions towards the investigation of the mineral waters of the State, either the result of those already made, or by procuring the analysis of waters regarded of value to the profession and to mankind.

Respectfully submitted,
WILLIAM TREVITT,
W. W. DAWSON,
THEO. G. WORMLEY,
JOHN G. F. HOLSTON,
Committee.

"G."

REPORT OF COMMITTEE ON A PLAN TO REGULATE THE PRACTICE OF PHYSIC IN THE STATE.

The undersigned, members of the committee to whom was referred the consideration of a plan for the regulation of the practice of physic in the State of Ohio, respectfully represent, that being unable to concur entirely with the report submitted by the chairman of the committee, the recommendations therein contained, and the arguments by which they are enforced, they have thought it due to themselves and to the Society to state their views of the feasible means of regulating and improving the practice of medicine in the State of Ohio.

They feel sensible that no aid is to be expected from any legislation which will restrict the practice of medicine to any class of persons, however qualified. Indeed, they entertain grave doubts whether such would be desirable, or would benefit a profession whose members must acquire reputation solely from their own personal qualifications, rather than from their connection with any society, or the possession of any diploma or certificate.

They therefore respectfully suggest, that the elevation of the profession must be attained by the judicious use and extension of those means within our reach, which depend for their efficiency upon the application of the *voluntary principle.* Foremost among these agencies, your committee regard *District Societies,* whose stated meetings can hardly fail to develop good feeling, and professional and scientific emulation among the members of the profession in the district, and we earnestly recommend the formation of such societies where they do not exist, and their sedulous cultivation where they are at present in operation. They also suggest, that to these societies should be delegated the power of examining students, at the commencement of their studies, upon such subjects of general education as every man shall be expected to be informed upon, prior to undertaking the study of medicine.

In this connection the members of your committee unite with their chairman in calling your attention to the legal disabilities now attending the study of *practical anatomy,* and in urging upon your honorable body the necessity of taking proper steps to obtain the repeal of the present laws upon the subject, and the enactment of such a statute as may meet the end required.

It is submitted that this society should urge upon every member the duty of getting up petitions from his own neighborhood upon this subject, and bring whatever influence he may possess to bear upon the legislature, to effect this purpose. Your committee refrain from any arguments to prove the necessity that the study of anatomy should be legalized, believing their obvious nature will be apparent to every member of this society. The details to be embraced in any such proposed measure, they also leave for further consideration.

The undersigned members of your committee, believe that the best protection of the interests of the profession is to be found in the careful guards surrounding the modes of entrance into it. They believe that the uniform standard of attainment, in our graduates, would be desirable; and to effect this, suggest the following plan: They recommend that all *medical colleges* in the State should be separate in their capacity of teaching, but should form one *university* for the purpose of granting of degrees, by means of a board or council of examiners, composed of two teachers from each college affiliating to compose said university, and —— members of this Society chosen annually, by this Society; which council or board, or a majority thereof, should attend, at the affiliating colleges, at certain fixed times, for the purpose of examining such intending graduates as may apply; such board also having power to determine the curriculum and length of study, and other qualifications, they may deem necessary for graduation.

In offering this plan, your committee are aware that it has been somewhat hastily sketched — the details they leave for the Society to determine upon. Should the colleges accede to the plan, a bill of incorporation will be necessary.

RICHARD GUNDRY,
J. M. BIGELOW,
S. B. DAVIS,
E. L. HILL.

"H."

MINORITY REPORT NUMBER TWO, "ON A PLAN FOR THE REGULATION OF THE PRACTICE OF PHYSIC IN THE STATE."

By Drs. A. H. Baker and W. P. Kincaid.

The committee appointed, at the meeting of the Society in Cincinnati, June 8th, 1854, to report upon the subject indicated by the caption, consisted of Drs. Wm. H. Mussey, A. S. Dandridge, R. Thompson, A. H. Baker, and W. P. Kincaid.

The majority reported, through the chairman, Dr. Mussey, that "the Ohio State Medical Society" should "urge upon the legislature of the State of Ohio the enactment of a law creating a Board of Medical Examiners, for the following purposes, to wit:

"1st. To decide upon the qualifications of all who may, in future, enter this State for the purpose of practising medicine and surgery.

"2d. To docide upon the qualifications of all applicants for diplomas, in any and all medical colleges chartered by this State.

"3d. To decide upon the occupancy of any and all medical offices in State institutions," &c.

The minority could not concur in the sentiments advanced in the report of the majority, and reported, *briefly* and *respectfully*, that they had not had the subject matter under consideration; that they feared such an application "would be attended with disastrous rather than favorable results;" and that it was "not only premature, but unwise;" that there were reasons why "the subject under consideration should be touched with great care and deliberation." This they believed had not been done, and asked the adoption of the following resolution:

"*Resolved*, That the committee appointed to prepare a report to present to the legislature, be, and they are hereby requested to continue their deliberations, and after a full and free interchange of opinion, report at the next meeting of the Society."

This "full and free interchange of opinion" has not taken place but the majority have taken exceptions to some of the language used in the minority report, and still urge upon the Society the adoption of *their plan*. To this the minority still object, and see no good reason for changing their opinion in regard to the *policy*, say nothing about the *utility*.

The *minority* consider the *first* object sought *illiberal* and *unfair*—that no distinction should be made between the *graduates* of the various *respectable* medical colleges of the United States; that it is inconsistent with the principles of a philanthropic and just people; injurious to the interests of the profession, and denies the *capability* and *integrity* of the noble and talented gentlemen who compose the faculties of the numerous respectable schools of medicine and surgery.

In reference to the second proposition, we would say, that we are in favor of a high medical qualification, but are not satisfied that the plan proposed is practicable, or, if so, that it would accomplish the object contemplated. We are sure, however, that it would interfere with the rights of chartered institutions, that it would *drive* our medical students to colleges in neighboring States, where they could gain the object of pursuit without being subjected to so much inconvenience and uncertainty ; and when medical science would be taught with as much advantage to the learner, as under our too watchful system of *college destruction.* We have been told that this course would "fix the standard so high that students would attend our schools for the honor, &c." This will work better in *theory* than *practice,* for in this *fast age,* we all hasten to the goal by the most *easy* and *direct* route. The minority are proud to say, that in looking over this assemblage of medical votaries, they behold as many intelligent and noble looking gentlemen as ever congregated in Legislative halls, and each having upon his heart a "standard of medical education," high as eternal truth ; and wonderful to say, *they* have been educated in the "good old way."

We take the position that we must remedy any evil that may exist, ourselves. Now suppose we could induce the *trustees* of the medical colleges to determine that all vacancies in their respective Faculties should be filled by the "*Concour system,*" and that, for the better regulation of college matters, and the elevation of medical literature, they would *require* such Faculties to meet annually or bi-annually at the different points where schools exist, beginning with the oldest, and following out the arrangement, till every section of country had been visited. Would not this be a more effectual mode of accomplishing the object sought, than that proposed by the majority ? But time will not permit the further discussion of this proposition, so we hasten on to the third and last.

In regard to the *third* we are of opinion that something should be done by legislative enactment to change the mode of *selecting* and *electing* medical officers for benevolent State institutions ; they should not be subjected to political influences. They should be selected in consequence of superiority in the special department they were elected to fill, and should hold the position for a given time, say ten years, unless removed by death, or for a violation of some established law, or gross misconduct. The *credit* of the State demands that something like this should be done. The *honor* and *dignity* of the profession demand it, and more than all this, the *welfare* of the unfortunate inmates demands it.

Where political influences may change the medical adviser or superintendent at any time, we find these gentlemen, very often, placed in a most unpleasant situation. To illustrate this position we call your attention to the condition of things in Cincinnati at the meeting of the "Medical Superintendents of the Insane Hospitals," in the United States; which was held in last month. The various institutions in the Union were represented by gentlemen highly qualified to fill such honorable and responsible positions, and as a general thing they possessed a fund of knowledge that could only be accumulated by the devotion of years to the study of mental disease. How were *our* noble institutions represented? By *three* "outs," and *three* "ins," all highly respectable physicians, but the "outs" had not occupied the position long enough to enable them to advance materially the objects of the association, or stand forth as shining lights in that honorable body; and the "ins" having but just received their appointment, could not make any display of ability notwithstanding their eminence in the medical and surgical ranks. "Oh! shame where is thy blush." The minority hope the Society will give this subject its most profound attention; here is a legitimate field for cultivation, and the philanthropist may enter it with the full assurance that his labors will be crowned with success, then let the Society take a firm stand in the matter, and prepare at once for *action*, for prompt and decisive *action*, is most clearly demanded.

The minority would suggest the appointment, at an early period, of a committee of five to memorialize the Legislature, upon this subject.

All of which is respectfully submitted,

A. H. BAKER,
W. P. KINCAID.

"I."

REPORT OF COMMITTEE ON MEDICAL SOCIETIES.

Your committee, appointed at the last session of this Society, on Medical Societies, beg leave to make a partial report.

As the members composing your committee were located at a distance from each other, the chairman took upon himself the responsibility of endeavoring to become acquainted, as far as possible, with the regular Medical Societies of this State, and, for that purpose, addressed printed circulars to each county in the State, making inquiries of members of the State Medical Society, (where they were known to reside in the county addressed,) and, in other instances, of any regular physician.

The committee was persuaded that some of the auxiliary societies of this society had perished, and, hoping to learn how many yet remained, and in what condition, was prompted to issue and circulate the circulars, as above stated.

A prompt answer was received to more than twenty of the circulars sent, which, considering the attention usually paid to such inquiries, as gathered from committees of the American Medical Association, your committee thinks the time adopted for issuing the circulars, to wit: a short time before the answers are needed, is much better than the course usually pursued; for, as a general rule, a matter which does not need immediate attention, is deferred from time to time, until it is entirely neglected.

From Auxiliary Society, No. 11, an answer to the circular was received from Dr. McMeens, giving a statement of cases reported, and reports of cholera hospital, with various papers on interesting subjects, including one on the geology of Erie county; yet the closing words of his answer shows a state of inactivity in the society, which seems almost universal in the State. He says:

"The society is rather on the wane, from the indisposition on the part of the fraternity, in the surrounding country, to unite or attend our meetings, as well as a degree of negligence on our own part."

The society numbers fourteen members. The stated times of meeting were not given.

Dr. Dorsey, from Auxiliary Society, No. 12, answered the circular, and also sent a copy of the constitution, by-laws, &c., of the society. There are few societies in the State, if any, more active than the Miami Medico Chirurgical. Dr. D. says, in his letter:

"At present, our meetings are monthly, except in the months of July, August and September; essays are read, cases reported and discussed."

There are twenty-three members' names subscribed to the printed constitution, dated 1851. The additional members, if any, since that date, are not given.

From Auxiliary Society, No. 15, Dr. John C. Reeve wrote as follows:

"It has about thirty members; the papers presented are of a professional character, entirely. We meet always quarterly: during the winter, generally, monthly. The members are all regular physicians. There are only three respectable members of the profession, in this city, who are not members."

Auxiliary society, No. 16. Dr. Jas. M. Musgrove answered the circular, giving the names of officers, including a board of censors, and closed his letter, as follows:

"As yet we have had no essays presented to the society, and our discussions have been so irregular that no notes have been taken of them."

The number of members was not given. In the transactions, for 1854, this society is numbered eighteen, and the Shelby County Society placed at sixteen—for what reason your committee are unable to say.

From Auxiliary, No. 19, Dr. S. S. Scoville gave the names of the officers, but not the number of members.* He wrote:

"We have, at every regular meeting, an essay on some medical subject, read by some member appointed for that purpose; also, reports from each township, in reference to prevailing diseases, whether epidemic, endemic or sporadic; treatment, &c., &c. Also, reports of special cases of unusual interest; all of which are discussed at considerable length, by the members."

From Auxiliary, No. 22, Dr. T. B. Williams wrote, in answer to the circular:

"I can only say, we organized a society here in 1852—the Delaware County Medical Association—with Dr. R. Hills, as President, and Dr. M. Gerhard, as Secretary. We had regular monthly meetings for about eighteen months, since which time we have had no meeting. Some of our members lived a considerable distance in the country, and could not make it convenient to attend, and, in consequence, we had to suspend."

At Hamilton, the first of May, your committee learned from Dr. Huber, that Auxiliary, No. 17, has eighteen members; that the society meets quarterly, and hears essays previously agreed upon, and discusses reports of cases, &c.

Auxiliary, No. 9, has had no meeting since the autumn of its admission as an Auxiliary of the State Society; and by oral information, your committee believes Auxiliary, No. 1, is in nearly the same condition.*

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*Dr. Kinkaid reported "about thirty members," when interrogated by your committee, when the report was read.

How many others are in a drooping condition, or disbanded, your committee has no means of ascertaining, as fewer replies were received from Auxiliary Societies than from those which have never become Auxiliary to the State Societies; and yet a majority of the replies received were from members of the profession, where no county or district society existed.

Dr. Geo. Mendenhall reported the Cincinnati Medico Chirurgical Society in a flourishing condition, with about fifty members. This society is about 14 years old.

Dr. Wm. Bell, of Xenia, reported the Green County Med. Society as a "talented" society, with twenty-five or twenty-six members, which holds "class-meetings" four times a year, talking much, but writing none. He further stated that the society had passed resolutions, at its last meeting, to apply for membership as an Auxiliary, which would have been done before, had they known the necessary initiatory steps.

Your committee received the constitution, by-laws, &c., of the "Highland Medical Society," of Highland county, published in 1853. This society was established in 1838, and, in 1853, had eighteen members. Article second, of the constitution of this society, makes it obligatory on every member of the society to keep a record of the rise and progress of the epidemics of each year, &c., which records shall be presented to the society, and read at regular meetings, or transmitted to the society.

Dr. W. H. Phillips, of Kenton, wrote that a society existed there called the Hardin county Medical Association, but did not give the number of members, and the subject of but one discussion—Necrosis.

Dr. J. P. Bing, of Ironton, wrote that an "Iron region Medical Association existed in Lawrence and three of the adjacent counties, but at the same time stated that "it is nearly disbanded, having had no regular session for two or three years."

From Lucas county your committee received answers from Dr. W. W. Jones and Dr. S. F. Forbes, from which was learned the fact that a society had been formed some years ago in the city of Toledo. Dr. Jones said of it, "it failed to accomplish the desires of its friends, and it accordingly died. We are in hopes soon to organize one on a more durable basis."

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*Since coming to this city, Dr. A. H. Baker has informed the committee that Auxiliary, No. 1, is in a much better condition than your committee had supposed, from information heretofore received.

Dr. Forbes said of the Toledo Society—"from that too frequent and unfortunate propensity among physicians, namely, that of quarrelling with one another and against their own interests, the society did not survive more than a year or so; and since that time, though we have repeatedly made efforts to establish a regular medical organization, we have never been able to do so."

Dr. Charles Robertson, of McConnellsville answered the circular addressed to him, as follows:

"The Morgan County Medical Society was organized in 1840, by an act of incorporation from the Legislature. The number of members at this time is about twenty."

Dr. Robertson also forwarded a copy of the constitution, by-laws, code of ethics, &c.

From the code of ethics your committee make the following quotations: "Therefore no member of this society shall either by precept or example contribute to the use or circulation of a secret nostrum, whether it be his own invention, exclusive property, or that of another." "The strictest temperance should be deemed incumbent on every member." "No physician of honorable feelings, or who has a proper sense of the dignity, and a due regard for the honor of the profession, will be found associating in consultation with an empiric."

Dr. Spillman, of Medina, wrote as follows:

"The Medina County Medical Society was formed Oct. 29th, 1833, and under an act of incorporation from the Legislature of Ohio, was duly organized Feb. 6th, 1834, and has been in existence ever since. Number of resident members at present, eighteen. The subjects of papers read and discussed embrace the whole science of medicine. At its last meeting the constitution and by-laws were so amended as to nearly resemble those of the State Society. The old constitution and by-laws having been made at an early day, were regarded as not being in full keeping with the improvements of the present day, nor the wants of the Medical Republic. Its meetings are quarterly."

Dr. W. D. Scarff, of Bellefontaine, wrote, "some three years ago we had in Bellefontaine an organization which we called the Logan

County Medical Society, consisting of about a dozen members. Two or three meetings were held by the association, after which the society ceased to exist from the fact that it was found to be impossible to procure the regular attendance of its members."

Dr. A. Belding, of Ravenna, wrote as follows, without giving the name of the society:

"We organized last December, and have met twice since that time; our discussions have been little other than relating to by-laws, fee bill, &c.; we have in all nineteen members."

Dr. Charles C. Hildreth, of Zanesville, wrote—"I regret very much to inform you that we have no regular medical society in our county at present. The last meeting of the Muskingum County Medical Society, was held about a year ago, nor do I see any prospect of its restoration to life very soon. It may be merely a case of suspended animation, but I am inclined to believe the institution is dead —supposed cause, want of interest among its members."

Dr. J. H. Olds, secretary of the Pickaway Medical Association, forwarded to your committee a written copy of the constitution of said society, with the names of its members, &c. He says at a meeting of the Pickaway Medical Association held in this place (Circleville) on the 13th inst, the Secretary was instructed to take the necessary steps to make this society auxilliary to the State Society; in compliance therewith I subjoin our constitution, &c., as required by said society. Our association is in its infancy, and as yet there have been no papers." In a postcript was added, "our society has adopted the code of Ethics of the National Association." At the time this report was made the society numbered eighteen members, with a fair prospect of an accession at its next meeting, to be held on the 29th of May.

Dr. L. W. Foulke wrote as follows:

"The Ross County Medical Society was organized in Chillicothe, 18th Dec., 1847. It adopted the National Medical code of Ethics, as its basis, and progressed favorably for a number of years, some excellent medical papers being read. Dr. William Waddle, one of our most eminent physicians, and one of its founders, assumed to himself the right to consult with any and all empirics he choose, caused much trouble in the Society, and after withdrawing, there being so much bickering and unpleasant feeling, the society gradually thinned until it died. The Dr. W. also withdrew from the State

Medical Society at Dayton, in 1854. The Society did not understand his object, and leave was granted him to withdraw, yet he was determined no society should ever control his independent action, and he is now openly the consultant of all quacks, Eclectics, Homeopathists, Urine doctors, and any that will call on him, and consequently is sustained by the friends of every species of quackery, and commended for his independence, and as a result, it *pays well.*"

Your committee think there should be some plan adopted to resusitate the decaying or failing societies if possible, and prompt attention given to forming new ones where none exist. Furthermore, that a complete numerical revision of the auxilliary societies should be had, and that those completely defunct should no longer encumber the transactions of this Society, and for the purpose above named that the Medical Association, known as auxilliary No. 9, of this Society, be erased from the transactions, and that a change be made in the number of auxiliaries where they conflict. The object of this is seen in a moment when your committee reports the action of the last session of this Society, as well as that already referred to, where two societies occupied the same number. At the last session of this Society the Athens, Morgan and Washington Medical Association, was admitted as auxiliary number 22, which number had been given to the Delaware Medical Society in 1854.

Your committee would recommend the admission of the Pickaway Medical Association as an auxilliary to this Society.

T. WINSLOW GORDON,
Chairman Com. on Medical Societies.

REPORT

ON DIFFICULTIES GROWING OUT OF ALLEGED MAL-PRACTICE IN THE TREATMENT OF FRACTURES.

The committee on Surgery, fully recognizing the importance of the duties imposed upon them, have had the same under as careful consideration as other professional duties would permit, and earnestly desiring so to discharge such duties as shall most promote the dignity and usefulness of the profession, beg leave, very respectfully, to

REPORT,

That numerous topics, intrinsically important and interesting, have invited their attention; that they are not disposed to treat these with neglect or indifference; but that a standing, and apparently cumulative evil, an evil bearing with the weight of an incubus upon the profession, has been so prevalent in the circle of their professional acquaintance, during the past year, as to *indicate to them the propriety* — if not to enjoin upon them the imperative duty of making it the exclusive subject of their attention. Your committee allude to the frequency of difficulties on account of alleged mal-practice, in the treatment of fractures.

We have not instituted correspondence with a view to inform ourselves as to the mere frequency of these occurrences. The cases reported, with several others not included in the report, were forced upon the observation of a single member of your committee, during the year past, by parties to the difficulty, who sought testimony or sympathy. During one week, in as many different counties, four cases were tried.

As a general fact, these cases are not regarded as important if proceedings are arrested short of a trial. But your committee are obliged, from their observation, to believe that this is usually a mistaken idea. We admit, that when the surgeon has sufficient decision and independence to take a stand in favor of his practice, and unswervingly maintain it, to entertain no terms of compromise, but boldly defy prosecution, the best issue for the profession and the individual implicated, is a stay of proceedings by the prosecutor. But our observations indicate to us that for every one case in which proceedings are stayed short of a trial, at the instance of the plaintiff, three are arrested by a compromise which concedes the vital point in the controversy, viz: that there has been mal-practice in the case.

As specimens of these difficulties, and of the way in which members of the profession are seriously injured by them, and of the means by which they are multiplied, we report the three following cases:

Case 1. Dr. P—, a most worthy graduate of one of the medical schools of Ohio, a gentleman of five year's experience, in good standing, and of fine promise, was entrusted with the treatment of a single fracture of the femur, occurring just below the trochanter major. The patient was J. W—, an Irishman, aged 60 years. The treatment was conducted in a shantee, with such aids and conveniences as such establishments are ordinarily expected to afford.

The results were not satisfactory to the patient. He uttered complaints. He was very much crippled for nearly a year. Sympathisers saw this, and clustered about him — became numerous and busy — even satisfactory medical testimony was considered enlisted. An attorney was consulted, and here matters took a turn.

The attorney requested certificates of bad practice from gentlemen in the profession, named by himself. These gentlemen took a prompt and decided stand in favor of the surgeon. They justified both the practice and its results. The case was thus arrested, but not in time to save either the feelings, the reputation, or the business of the surgeon.

Being a sensitive man, and probably not thoroughly informed as to the effect of the lapse of time, or the standard of success as to shortening and deformity, in such cases, under a deep sense of mortification and disgrace, he settled up his affairs and moved to a distant State.

Case 2. Of this we are not permitted to give particulars. The knowledge of them is confined to the physician, the father of the patient, and a member of your committee.

A respectable physician treated a fracture of the bones of the fore-arm, near the elbow joint. The patient was a child under the age of 12 years. The result was not satisfactory to the father. At the end of a few months, there was still remaining considerable deformity, with impaired usefulness of the arm. Steps were taken towards a prosecution, of which the surgeon learned. To arrest further proceedings, stay the imputation of mal-practice impending, and secure entire secresy, the surgeon submitted to the very humiliating terms of sacrificing his claims for services, and paying, from very scanty means, the sum of 150 dollars.

Case 3. Dr. H—, also a graduate of an Ohio medical college, a man of good sense, in good practice, an energetic and worthy man, was called upon to treat a case of Colles, fracture of the radius. Of the appliances used we are not informed. An adjustment being made, the use of a sling and quietude were enjoined. On visiting his patient within a day or two, he found his directions in regard to these had been entirely disregarded. The consequences were great swelling and vesication. He now re-adjusted the dressings, adapting them to the increased size of the limb, and enjoining quietude and the use of a sling in the most emphatic manner. On passing, a few hours afterwards, he found his patient in the act of *climbing an apple* *tree.* Very soon he was summoned to attend a legitimate effect of such recklessness—*sloughing* from still increased swelling, and consequent renewed tension of bandages.

From this time the case was tedious and troublesome, and already foreshadowed an unfortunate issue. The eventual result was deformity, with considerable impairment of both flexion and extension of the hand.

A prosecution was commenced. To the credit of the legal profession, be it uttered, some difficulty was experienced in finding a lawyer to undertake the case. The services of one were, however, finally procured, who commenced an action against the doctor "for *malfeasance in practice!*"

This action was arrested by a compromise, unfortunate alike to the surgeon and the profession. The doctor sacrificed his bill and paid 100 dollars and all the costs.

Two points, common to these cases, call for reprehension:

1. In each, compromises were made within one year—assuming that the reparative process was completed within that time. But this period is not sufficient to give full play to the modeling part of the process of union. This modeling process is scarcely more than alluded to in our text-books. It is that part of the process by which —the continuity and strength of the bone having been already restored —its symmetry and usefulness are, as far as may be, perfected. For illustration: In fractures of the femur, the bones may overlap, so that the fractured surfaces are not in contact. In this relation to each other they unite. The continuity and strength are thus provided for. All this may occur within a few months. But, though the continuity and strength of the bone are thus provided for, and perhaps perfectly restored, its symmetry and usefulness are only partially restored. There are projecting, osseous prominences, perhaps sharp spicula, giving rise to deformity, irritating surrounding parts, and impairing usefulness. The modeling process has, for one of its objects, the carrying away of these. It consists of a process of absorption, affecting first the earthy, then the animal constituents. They are thus rendered soft and flexible—sharp spicula gradually become obtuse—rough prominences thus become rounded and smooth, so, that in the lapse of a long period, the injured limb comes to imitate both in physical characters and usefulness, the corresponding uninjured one. The fractured femur in case first continued to improve

till the result is satisfactory even to the patient. In cases second and third, also, there has been very great improvement; so that, in all these cases, the surgeons deeply regret not having taken a more independent course.

2. All these cases were settled on humiliating terms. As long as surgeons do this, these inflictions will be meted out to the profession. We can scarcely censure an individual for staying proceedings in such a case, on any terms. The anxiety, the loss of reputation, the mortification and disgrace attached to even the idea of a prosecution for mal-practice, are such that few are willing to incur them. Let these individuals, however, be impressed with the mistake they make. Prosecutions for mal-practice rarely succeed. Besides, let them compromise on sacrificing terms, and they lay the ground work for another difficulty, on the occurrence of the next unfortunate result. We would suggest to these individuals to consult the most influential and able surgeons within their reach. If these, upon investigation, take ground, and made common cause with them, your committee urge upon them, and, in behalf of the profession, demand of them to vindicate their own reputation, and the dignity of the profession, by subjecting their case to such an investigation as a prosecution includes. As strongly contrasted with these cases, both in its effects upon the individual and the profession at large, we report

Case 4. I. M., aged 42, sustained a compound fracture of the leg, at the junction of the lower and middle third. Dr. G , a man of good reputation, and fair experience as a surgeon, was employed to treat the case. He made an adjustment, and adopted the use of a fracture box, making extension, as usual, from a foot piece. He stated to the family, that the main end to be secured, for a length of time, was such a condition of the limb as would most certainly avert inflammation, and other disastrous consequences, and, that the reduction and retention of the fractured bones was, for the present, secondary to this end.

The case proved to be a most serious one. The patient suffered very great pain. Intense inflammation occurred, threatening mortification. To allay this, the bandages and all sources of obstruction to the circulation were, as far as possible, removed. From these circumstances, the family imbibed the impression that the doctor was indifferent to that fundamental item in the treatment, the "*setting* *of the bone.*" This gave rise to dissatisfaction that culminated in the doctor's dismission on the fifteenth day.

The case proved very serious, resulting in extensive suppuration, and very grave constitutional symptoms, greatly threatening the patient's life. Necrosis occurred, resulting in the separation of a large number of sequestra, sufficient, in the aggregate, to fill a wine glass. The patient's condition improved, however, so that, at the end of a year, he was able to get about, with the aid of cruthes. He was still suffering from necrosis, the limb being somewhat atrophied, and his general health being only very imperfectly restored. On his getting up, one of his first movements was to confer with an attorney, in relation to a prosecution. In furtherance of this end, medical testimony was solicited; the ground on which it was proposed to predicate an action, being a failure to reduce the fracture at the proper time, and the unsurgical result which, it was claimed, grew out of such failure.

The doctor took a firm stand, claiming that the practice was right, and that the result was right, as far as he was responsible for it. After a good deal of threatening and complaining, the case was rested, leaving the doctor's reputation unscathed, and the dignity of the profession untouched.

An examination of this case, with reference to the result, showed it to be about an average one for the character of the case. The limb is somewhat atrophied—there is but little deformity about the site of the fracture—the foot is rotated somewhat, and greatly extended; the ankle-joint is anchylosed; the shortening amounts to one and one-eighth inches.

Case 5. Dr. J., a worthy man, formerly a practitioner of medicine, is now settled in the quiet pursuits of husbandry. A neighbor, J. S., sustained an injury, consisting of a fracture of the fibula, with dislocation of the tarsus outwards, and consequent laceration of the internal lateral ligament of the ankle-joint. Dr. J. was near at hand when the accident occurred, and was appealed to to render assistance. He told his neighbors that he had long since relinquished practice, and that he could not assume the responsibility—plead to be released—insisted on a practitioner being sent for—but finally gave way to the appeals of his neighbor, not failing, however, to eschew all responsibility as to the result; distinctly impressing it upon the mind of patient and friends that he did it entirely as an act of neighborly kindness; that he could and would not do it in view of compensation; and that, in case any unpleasant contingency arose, he must be released, and a practitioner employed.

He made an adjustment. The case was doing well on the third day, when, on making a visit to his neighbor, he found a doctor present, who was engaged in a plea with the family to undress the limb, that he might be permitted to inspect it. He learned that the doctor had not been employed, but had assumed to call and look at the case. The family gave way under his influence to such a degree that Dr. J. was now induced to take a determined stand, and formally notify the family that he would have no further connection with the case, and that they were left to do as they pleased.

The new-comer undressed it, expressed himself as gratified with the condition of the limb and the character of the dressings, and then re-applied them himself.

Dr. J. saw nothing more of the case, in any capacity, after that time. He learned, however, that the man was to be moved a distance of twelve miles, on the ninth day, and, as professional aid was not yet employed, he suggested that there was danger in such a step, and that it should not be taken without surgical advice and supervision. His suggestions, however, were disregarded—the patient was moved, and the doctor supposed his anxieties at an end. Eventually, however, he gets about. He now finds an angle in the fibula. Ere long there is partial dislocation of the tarsus; he walks on the inner side of the foot; he is crippled, and now the sequel.

An attorney is consulted, a respectable member of a highly respectable firm. This very worthy gentleman seems to take into account two features of the case. 1st. The crippled condition of his client. 2d. *The fee that glitters in the distance.* At the first he seems to have been smitten with horror and indignation. The last, most probably, threw him into a rapture of delight. The two quite overcome him; and he tamely lends himself to this man of narrow head and narrower heart, to engage in the sacriligious work of resurrecting, resuscitating and rejuvenating the voluntarily dead, buried and abandoned professional character of this kind-hearted neighbor, and forgetting, or insensible to the sacredness of that which he persecutes, exhibits an exquisite relish for besmearing such fair proportions with hated odium—a most ardent zeal in indemnifying his client for the consequences of his own beast-like stupidity and fiend-like meanness, and, as a compensation for such eminent services, he takes within his greedy grasp that glittering trifle in the distance, the intensity of whose brightness so overpowers his vision as to obscure and bedazzle all intervening considerations.

The case is now pending and will probably be tried at the June term of the Court of Common Pleas of Union county. The defense admits the result to be unfortunate, but disclaims all responsibility.

Every surgeon of experience has observed difficulty from cases of this kind. The tendency to dislocation, which characterizes them, originates in a combination of causes.

1. There is an absence of muscular support and protection to the ankle joint, such as the hip and shoulder are provided with.

2. The fracture is merely subcutaneous, and consequently the bone unites slowly, continuing for a long time to be weak.

3. In complete dislocations of this character there is, of necessity, extensive ligamentous rupture, and, although this is subcutaneous, and there is a kind of union within a moderate length of time, this union is not of such strength and firmness as to be more than a very imperfect substitute for the original structures.

4. The principal function of this part of the fibula is lateral support, and, though before the lapse of very much time, the union will ordinarily have attained such a degree of firmness as to enable the bone to give a good deal of support in the direction of its axis, it readily yields to a much less force when applied to its extremeties and in a lateral direction.

Hence the origin of difficulty in this case. Hence the necessity of giving lateral artificial support in many of these cases, for from one-half to one or two years. Hence, too, the provoking absurdity of proposing to make him who has the supervision of the case, for the first few days merely, responsible for a difficulty that is far in the future, and, even then, is avoided by the good sense and prudence of the patient, rather than the skill of the surgeon.

Case 6. The parties to this case are Drs. Tolland Jones and John S. Whitacre, both of Madison county, Ohio

Dr. J. is in his early prime, having had seven or eight years' experience in the profession. He is engaged in practice in London, his native village, is surrounded by an extensive train of relatives and the varied endearments growing out of the associations of a lifetime.

He is a sensitive man, possessing a good general education, is well acquainted with his profession, and in every particular entirely worthy of the very respectable position which he holds in his community.

These things are mentioned as in many respects tributary in the given case, to the months of anxiety, of deep mortification and bitter suffering, which the imputation of mal-practice could not fail, in such circumstances, most keenly to inflict.

Mr. Whitacre sustained a very oblique compound fracture of the leg, May 10, 1853, occurring at about the junction of the upper and middle third. The obliquity was from before, backwards and upwards.

Dr. J. lived some eight miles distant, visited him at once, found him in a cabin, presenting very little of either comfort or convenience, for surgeon or patient.

A double inclined plane with the ordinary foot board was constructed, and on this, after the adjustment of the fracture, the limb was placed. For the more immediate and direct support of the parts, elm bark, denuded of its epidermis, was used. The patient was visited every alternate day. The details of the dressings were modified from time to time, but the same general plan was persisted in. The case advanced in every way pleasantly, so that against the 17th day the wound in the soft parts had closed, and the injury had become simple and promising.

At this juncture it was suggested by the patient or his friends, that as all was doing well, and there seemed but little for the doctor to do, he need not return to the case until called upon. As no very flattering prospect of a compensation presented itself, the doctor yielded a ready assent to the proposition. From that time, not being called upon, he saw nothing more of the case.

The patient had a rather rapid getting up. Expressed himself on several occasions as well satisfied with the result; got so well as to prove himself quite expert in a game of jumping, but less so in tendering to the doctor a remuneration for his services. After the lapse of more than two years, a suit was instituted before a justice to recover the bill. To this W. responded with a claim for damages on account of mal-practice, in the sum of $2,000. A trial was had, and W. recovered $300, this being the extent of the jurisdiction of the justice. From this decision the doctor took an appeal, and it was the judgment already obtained, the odium already incurred, in connection with the circumstance already adverted to, that gave bitterness to the doctor's mortification, during the intervening months. The case was tried at the March term of the Court of Common

Pleas for Madison county, Judge Bates presiding Both parties were ably represented by counsel. Whitacre's counsel alleged in their petition that the practice was unsurgical and unskillful, that improper appliances, appliances unknown to surgery were used, that the result was unsurgical and inexcusable, in consequence of which their client was crippled, for which he claimed damages.

All of which the plaintiff denied.

The doctor indicated his consciousness of his own professional rectitude, by calling upon his professional brethren, far and near, for their testimony.

The details, as heretofore given, appeared in testimony. An examination by medical witnesses, ordered by the court, made it apparent that the management of the case was such that there was comparatively little suffering, and no impairment of the general health of the patient; that the principal inconvenience remaining, originated in the close relation of a point of bone to the integument, in consequence of which it was somewhat sensitive, and easily irritated, that there was little deformity, no atrophy, only one-half inch shortening, and but very slight impairment of either strength or usefulness; in brief that the *treatment* was right, the result *right*, and all was right, only that the doctor wanted a bare remuneration for his services.

The jury rendered a verdict allowing the doctor his bill, which of course, amounted to a full endorsement of his practice, and rendered his triumph complete.

Although we have spoken of the treatment and result in this case as creditable to the surgeon, there is one point to which we cannot forbear to call your attention, i. e.: the length of time the treatment was continued. Although it may or may not be a question, as to whether the surgeon should continue his visits a distance of 8 miles, without prospect of compensation after the 17th day, there is no question as to his greatly hazarding his reputation by his failing to do so. Your committee consider it unsafe to leave any of the larger oblique fractures, at the end of twice that number of days; and here we would respectfully suggest that our text books and teachers would do well to observe a distinction as to the length of time treatment should be continued in those cases of transverse fracture, where there is overlapping, and the larger oblique as compared with transverse fractures where there is no overlapping. A little reflection will render the propriety of this suggestion obvious.

It is believed that all our works concur in this opinion, that the new bond of union is such that pressure is capable of curing deformity, of correcting angles, &c.; in brief, that for a length of time, pressure is capable of producing its absorbtion, and consequently more or less alteration in the relation of the united bones to each other.

Now apply what is thus admitted to the circumstances attending a well reduced and well retained transverse, as compared with an overlapping or very oblique fracture.

In transverse fractures, if reduction and retention have been quite successful, at the end of say 40 days, we stop our extension, and counter-extension, and, very soon, if it is a lower extremity, more or less weight is borne by it.

Now reduction and retention having been quite perfect, the fractured surfaces are kept in contact with each other. We will have poured out in these circumstances a minimum quantity of what is usually regarded as provisional plastic material. It will be deposited between the fractured surfaces and around the ends of the bones. Now dropping our means for extension and counter-extension, at the end of 40 days, we give up the parts to a constantly exerted and unrestrained muscular action, which now comes to exert pressure upon the parts with a degree of constancy and efficiency far surpassing any thing the surgeon can do by artificial means. The use of the part does the same thing but with less constancy.

But in these circumstances no shortening can result. Pressure on the articular extremities of the broken bone is not here an indirect pressure upon the recently deposited plastic material. It is merely a pressing together of the surfaces of the fracture ; this does not produce absorption of these, and therefore cannot produce shortening.

But suppose there is overlapping, and the patient is subjected to treatment for the same length of time ; admit, too, that an equal strength is attained at the end of 40 days. The bond of union in this case is effused in the maximum quantity, lies between the bones, around them and on their ends. Now what will be the result of pressure from the use of the limb or from the much more constant defficient pressure consequent upon muscular contraction.

Pressure upon the extremities of the bone in these circumstances is indirect pressure upon the bond of union and can not fail, if it produce absorption to change the relation of the overlapping bones to each other, occasioning shortening. Hence the necessity of resisting muscular action, and suspending the use of the limb, of continuing treatment, in other words, for a greater length of time, than in the first class of cases. Hence the necessity of a guarded prognosis in this class of cases, as to ultimate results. Hence, too, the explanation of a shortening process, running through many months, which, your committee are well assured, characterizes many cases of fracture, the existence of which shortening process, in a limited number of cases, they have proved by carefully instituted measurements, made at various stages.

A little reflection is sufficient to show that these considerations apply with scarcely less force to very oblique fractures with the best possible adjustment.

Finally. Several other cases that occurred within our observation quite equalling in importance any of those given, we are obliged to withhold for different reasons. One in the county of Hardin, resulted in an abandonment of the case, during the progress of the trial by the plaintiff. This case is already reported to the profession through the Medical Counsellor. Of one that occurred in Huron county we have not been able to obtain particulars.

Another that occurred in Coshocton county, we have been informed of since the commencement of the present session of the Society, by Dr. Holston. The fracture was one of the leg' near the ankle joint. The patient was intractable, assuming. at the end of about three weeks, to take the limb from a curved splint, on which it was being treated, and put it on a straight board. Dr. H. says there is slight deformity, but no permanent lameness.

A suit was brought, and a judgment obtained for the sum of 1,200 dollars. The case was appealed to the supreme court, and will be soon tried again.

It is believed, by your committee, that a prolific source of these difficulties has been the absence of a recognized and well studied standard of success. There is little in our text books, or courses of instruction, from which the beginning practitioner would be led to expect anything but perfect results. On encountering cases he fails to attain these, and is deeply mortified, supposing that some one of more years and wisdom would have been more successful. Complaints or threats, under such circumstances, are very apt to lead unfortunate conciliations.

Again: complaints in a given case being rife, the party contemplating prosecution calls upon all the physicians within his acquaintance, to examine his case, with a view to enlisting testimony. If there is much imperfection in the result, these men not having had experience, distrust its results, and seeing that in the given case their ideal standard is not attained, are frequently, by their honest convictions of right, and in violation of their own feelings, drawn into the service of the prosecution.

We are convinced, furthermore, that the absence of such standard has been the source of much unjust and cruel mortification to the members of the profession. Each individual having an ideal standard that he fails to attain, he cannot but entertain a painful distrust of his own skill, and place an undue estimate upon that of others, the results of whose practice he has had no opportunities of observing.

In view of these considerations, we can not but congratulate the profession on the acquisition of so complete a standard as that afforded by the fracture tables of Professor Hamilton. It abundantly proves what every surgeon of experience must attest, that *imperfection* is a rule as regards these cases, to which *perfection* is a mere occasional exception; in other words, that there are imperfections in *surgery* as well as in *surgeons*, and that while we assume to do and be responsible for the duties of the one, we disclaim all responsibility for the shortcomings of the other.

What course shall the profession take in regard to this matter? Severe inflictions are being meted out to our professional brethren, on account of imperfections resident, not in *themselves*, but in their *art*. Must the profession continue to submit to this — to having its dignity trailed in the dust by interested and narrow-minded individuals of another profession? Admitting that surgeons are not always skillful, where is the reasonableness or justice of these prosecutions? Suppose that there is a prosecution for every tenth poor sermon that is preached, or every tenth poor plea that is made at the bar, how much is it to be supposed would our courts of justice do besides trying these cases? The course to be taken is plain. An unfortunate compromise, or a successful prosecution, is a serious calamity to the profession at large. Let the profession at large enlist itself in its own protection. Let it be distinctly understood that those individuals immediately implicated are entitled to the sympathies and assistance of as many of their professional brethren as may be necessary fully to sustain them. And when it is possible to avoid it, let not a member of the profession be found in the ranks of the prosecution. It is believed by your committee, that in this way very much may be done to diminish the frequency of these occurrences, and thus afford protection to individuals in the profession, as well as promote its dignity and usefulness.

All of which is respectfully submitted

J. W. HAMILTON, *Chairman.*

A REVIEW OF A REPORT OF A CASE OF DEATH FROM CHLOROFORM, BY R. THOMPSON, M. D. COLUMBUS.

MS. not received by committee.

PART SECOND.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

On Asthenic Pneumonia.—Treatment by Quiniue.—By Dr. CORRIGAN, Physician in ordinary to the Queen in Ireland; Physician to the Whitworth and Hardwicke Hospitals, &c.

Let us now proceed with the illustration, that *the name of a disease is not an index to its nature or its treatment.* With the name of "pneumonia" you generally and properly associate the ideas of sthenic vascular action of the capillaries, of throbbing of the arteries, increased action in frequency and strength of the heart, and with the accompanying symptoms of flushed face, pink lips, hot breath, burning heat of skin, high-colored and scanty urine, and orange-colored viscid sputa. With these there will be naturally associated, as to treatment, bleeding and tartar emetic, those remedies which possess such power over high inflammatory action and over pneumonia, as we have sketched it; but if you were to imagine that the name "pneumonia" always indicated the same nature of the disease going under its name, you would fall into a very grievous orror in knowledge and in practice. Pneumonia occasionally means a state of disease the very opposite in character to the picture first drawn, and requiring a very opposite treatment. It is this knowledge, so as to recognize the altered character of the disease, which you can only learn in clinical study.

To make my observations as simple and as easily intelligible as possible to you, I will confine my observations to what is usually called the first stage of pneumonia, that is the state in which, if a patient die, the lung will be found dark-colored, from the great quantity of blood contained in it, its capillaries congested, distended frequently beyond their natural calibre, its smaller air tubes loaded with effused fluid, and the whole lung pitting on pressure, and much heavier than natural. Bear in mind next, the peculiar structure of the lung, resembling, as it were, two large sponges, made up nearly altogether of a great congeries of vascular capillaries, the capillaries of the pulmonary artery loaded with venous blood, and those of the pulmonary veins with arterial blood.

Now let me recall to your mind one of your earliest physiological lessons. If the capillary vessels of the web of a frog's foot be stimulated, the effect of the stimulation is very soon to cause a distension of the capillary, and a more rapid movement in the contained blood. This along with the momentary preceding contraction is its sthenic state, for all that is necessary to enable it to return to its healthy state, is to withdraw the stimulant, and the capillary contracts of itself. But if the distension and stimulation be continued another phase occurs: the blood becomes darker, the circulation becomes slower, the capillary has lost its power of contracting, and, to enable it to return to its healthy contractile state, the application of some stimulant is required, when under its influence the capillary regains its lost power, and it again returns to its previously healthy state.

Now, this simple experiment is really the key to the sthenic and asthenic states of the vascular system, and is the foundation on which we rest our principles as to the treatment of pneumonia, which I bring before you.

Carry your mind's eye from the experiment on the frog's foot to what goes on in some forms and types of pneumonia, and you can no more doubt of what is taking place in the lung within the interior of the chest, than you can doubt your ocular evidence of what you see in the experiment. In the first stage of an attack of pneumonia, in a healthy constitution, with the whole capillary system, including, of course, that of the lungs, in possession of its ordinary vigor, the capillaries become distended, but still preserve their sthenic state. In such a case the line of treatment is at once indicated; venesection, to relieve their over-distension, and tartar emetic, to act both upon them and upon the whole vascular system, including heart and arterial and capillary system, are the great means of treatment on which we rely. But if, from the state of constitution, or from the epidemic type of disease at the time, the capillaries do not retain their sthenic tone, they pass into the state exemplified in the experiment on the frog's foot, they lose their contractile power, and we have then to deal with quite a different state—with an immense mesh of pulmonic tissue, formed nearly altogether of capillaries that have lost their contractile power, and in which further depletion will be not only useless but injurious, for while its effect in lessening the distension would at best be doubtful, it would tend still further to aggravate that asthenic character which they now present; and extension of the disease, increasing debility, exhaustion, and death will follow. It is to meet the supervention of this second or asthenic stage that you have seen me exhibit quinine in large doses; the result has been satisfactory, and it is the more satisfactory to know that its employment has not been a mere empirical experiment, but has arisen from considering the physiological state of the capillaries in the lungs, as illustrated by a physiological experiment, and revealed to us by an analysis of the symptoms. I will now shortly notice some of the cases.

The first case that suggested the treatment occurred in private practice. The patient was a man of about 35 years of age. He was attacked by pneumonia of right lung; he was a man of rather full habit, and flabby texture. The physical signs were the ordinary ones of the first stage. The constitutional symptoms did not indicate any very high degree of vascular action, and the treatment was of the usual kind, cupping, blistering, and calomel and opium. About the fifth day there was every symptom discouraging in this case. He became slightly jaundiced, or rather assumed a yellowish, sallow cast of countenance, the pulse became very full, very soft, and very yielding, and the expectoration presented the appearance of softened down dissolved blood. The lung had not passed into the second stage of the disease. He appeared now to be rapidly sinking, and it then occurred to me to administer quinine, guided by the principles that I have already explained. He got five grains of quinine every three hours, and the alteration in twenty-four hours was very marked indeed. The same treatment was continued for the next day, and within three days more he was out of danger. I never treated a case in which I was more satisfied of the efficacy of the medicine.

In this case the disease set in presenting a moderate degree of the sthenic form, but the capillaries speedily lost their contractile power, and then the asthenic form rapidly succeeded. Quinine appears to possess the same power in giving contractile action to the capilleries of the lungs, which we know it possesses in so marked a degree over the capilleries and venous radicles in the spleen, and it may further support this view to recollect that both in lungs and spleen the capillaries are in a very large proportion venous.

This asthenic form of pneumonia may, however, exist from the very commencement of the attack, that is, either from type of disease, from nature of constitution, or from long continued action of depressing influence, the capillaries of the lungs may lose their sthenic power from the very onset, and thus we may have asthenic pneumonia either as the second stage of sthenic pneumonia, or we may have it as the primary disease.

James Hayes, aged 21, previously a healthy man, was admitted into the Hardwicke Hospital on the 24th of March, 1856, complaining of pain in the right side, and of great dyspnœa. On examination double pneumonia was discovered, both lungs were extensively engaged, but the disease had not gone beyond the first stage; there was extensive crepitation with bronchial respiration. The pulse was extremely rapid and small. The debility was extreme, and the surface of the body was pale and rather cool. He presented very much the appearance of a dying man. He was a boatman, constantly exposed to wet and cold, and for four days had been suffering under his illness, and all this time had lain in a canal luggage boat, on its way to Dublin, in extremely inclement and cold weather.

In the night the dyspnœa became so urgent that he seemed on the point of suffocating; from this he was somewhat relieved by draughts of ether and by wine. A blister was applied to his chest. The next day he was ordered five grains of sulphate of quinine every three hours, and the quinine was continued. On the 29th he was so much improved that the quinine was diminished to a dose three times a day, and his convalescence then set in. I merely give you these cases in illustration of the disease and of its treatment; you have seen a great many cases of a similar kind treated here on the same principle during the past winter and spring, and I will now briefly sum up in propositions what I wish to impress on you in this lecture.

1st. That the name of a disease is not an index to its treatment; but that on the contrary, under the one name, the pathological conditions of the organ affected may change so much, as to require the most varying, or even opposite mode of treatment.

2d. That pneumonia presents an illustration of this principle, as it may be of a sthenic or asthenic form.

3d. That the asthenic form may be consequent on, or be the second stage of the sthenic form; or that the primary attack of pneumonia may be of the asthenic form from the commencement.

4th. That quinine in large doses is a remedy of great power over the asthenic form of pneumonia, whether it be primary or secondary.

I have only to add, that these observations as to the pathology and treatment of this form of pneumonia have reference to the disease in the stage of extreme congestion, or what is commonly called the first stage of pneumonia.—*Dublin Hosp. Gazette,* July 15, 1856, *p.* 177.

New mode of Reducing Strangulated Hernia. By Baron Seutin.

Baron Seutin declares that, with this mode of reducing strangulated hernia, which he has now practised for twenty years, he hardly ever, in his large practice, finds it necessary to have recourse to an operation.

The patient is laid upon his back, with the pelvis raised much higher than the shoulders, in order that the intestinal mass may exert traction upon the herniated portion. The knees are flexed, and the body is slightly turned to the opposite side to that on which the hernia exists. The surgeon ascertains that the hernia, habitually reducible, can not be returned by continuous and moderate taxis. He next seeks, with his index finger, for the aperture that has given issue to the hernia, pushing up the skin sufficiently from below, in order not to be arrested by its resistance. The extremity of the finger is passed slowly in between the viscera and the herniary orifice, depressing the intestine or omentum with the pulp of the finger. This stage of the procedure demands perseverance, for, at first, it seems impossible to succeed. The finger is next to be curved, as a hook, and sufficient traction exerted on the ring to rupture some of the fibres, giving rise to a cracking, very sensible to the finger, and sometimes to the ear. When this characteristic crack is not produced, the fibres must be submitted to a continuous forced extension, which, by distending them beyond the agency of their natural elasticity, generally terminates the strangulation. This mode of procedure is more applicable to Gimbernat's ligament, the hooking and tearing of which are more difficult than in the case of the inguinal ring. Considerable strength has sometimes to be exerted, and the index finger becomes much fatigued. When, in consequence of the narrowness of the ring, the finger does not at once penetrate, it is to be pressed firmly against the fibrous edge, and inclined towards the hernia. After a time, the fibres yield, and the finger passes. When the finger becomes fatigued, it is not to be withdrawn, but it should be supported by the fingers of an intelligent assistant, who seconds the action it is desirable to produce. In inguinal hernia, the traction should not be exerted, with the finger, upon Poupart's ligament, but in a direction from within outwards, and from below upwards, by which the aponeurotic layer between the two ligamentous pillars, constituting the inguinal aperture, is easily torn through.

The ring is then enlarged by this tearing, just as if it had been divided by a cutting instrument, or largely dilated, and reduction takes place easily, by performing the taxis in a suitable direction. The mobility of the skin, its laxity in parts where hernia prevails, and its extensibility, greater in proportion to its thinness, and to the absence of a lining of fatty cellular tissue—by allowing the sliding and the thrusting of this membrane in front of the finger it cushions, affords protection to the intestine from all immediate contusion. When the strangulation is induced by the issue of a considerable mass of intestine, or an accumulation of fæcal matters, it is desirable, first, to disengage one of the extremities of the noose, and to seek to expel the gas or fæcal matters by moderate pressure, in order to facilitate the reduction of the tumor. In the few cases, in which the finger can not be introduced, a small incision may be practised in the skin, and the handle of a spatula, or any blunt instrument, may be passed in, by separating the cellular tissue. Pressing this against the border of the ring, while avoiding the intestine, this orifice may be eroded or dilated without danger. The greater the resistance offered by the aponeurotic fibres, the greater will be their tension, and the more easily will their laceration be produced.

As a general conclusion, it may be laid down that, the facility and promptitude of this procedure, and the immunity that attends it, ought to diminish the gravity of the prognosis of strangulated hernia, by rendering the circumstances under which recourse need be had to an operation quite exceptional. Such exceptional cases will be found (1) in old, irreducible hernia. (2) When the strangulation in inguinal hernia occurs at the internal ring. Generally, the external ring and inguinal canal are large, and allow of the easy penetration of the finger, and then the new method is applicable, and the rupturing or dilatation of the internal ring should be attempted, and the manœuvre is rendered the easier by the fact that, in these cases, the canal is much shortened, and the two rings much approximated. If, however, the external ring is too narrow to admit the finger, an operation is required. (3) When there are general symptoms of a gangrenous state of the intestine.—*Brit. and For. Med. Review.*

On Amputation at the Knee-Joint. By Dr. Markoe, New York.

1. The grand advantage of this operation is the useful character of the stump that results, strongly contrasting with the uselessness of the stump left after amputation of the thigh, and enabling the patients to wear an artificial limb with comfort and advantage. 2. The seat of operation is farther removed from the trunk, and the constitutional shock is probably therefore less. 3. The section at the knee-joint is less extensive than that of amputation higher up, no parts being divided but the integuments, and although a large surface is exposed, a great portion of it, the femoral cartilage, is a healthy, not a wounded surface. 4. No muscular interspaces are exposed by the knife, excepting those of the heads of gastrocnemius, which are of small extent and depth. There is, therefore, less chance of any inflammation that may attack the stump traveling upwards, and forming burrowing abscesses, amidst the soft areolar tissue filling such interspaces. The section of tendons that takes place in this operation, is rarely followed by any other than reparative inflammation. 5. Fewer ligatures are required, and the orifices of the divided arteries lie close together in the center of the popliteal space. By following Blandin's procedure, therefore, of "making a small opening through the integument, of which alone the posterior flap consists, we are enabled to bring all the threads out of the stump

by a short and direct route, in the most depending position; and thus the space between the flaps and condyles, where we are most anxious to procure adhesive inflammation, is not fretted into suppuration by the presence of the ligatures crossing it, to be brought out between the lips of the wound." 6. The muscular attachments concerned in the movements of the limb are not divided. Those which are severed are merely for the movements of the leg, all the muscles proper to the thigh being left untouched. The result is, that the patient is able to move the stump with astonishing freedom. and facility. 7 Another advantage directly resulting from this is, that there is no muscular retraction after the healing of the wound. "My own experience would lead me to think that, in all cases where divided muscles are united over the end of the bone, as in a flap amputation through the thigh, the ultimate result is a complete disappearance by combined absorption and retraction of the muscular tissue, which, on the first healing of the wound, gave a thick and promising covering to the end of the bone. If I be not mistaken, it will be found, if the limbs be examined a year after they are healed, that the conical stump above described, is the rule and not the exception, and that in four cases out of five, nothing but cicatrical tissue covers and protects the end of the bone. In the stump left by the exarticulation of the knee we have, it is true, nothing but integument on the face of the stump, but that integument is applied over a large, smooth, natural surface, well adapted to receive and sustain pressure, while the cicatrix, if the operation be properly performed, is thrown backwards in such a manner as to be entirely protected from pressure, in the deep fossa between the projection of the condyles." 8. In this operation the bone is uninjured, while in the other it is divided with a degree of violence, the effects of which are not always appreciated. "The effects of this violence, both upon the bone and its envelopes, and of the exposure of the cavity of the medullary membrane to the action of air and pus, are seen in several of the accidents which occur after amputation, some of which are of but merely sufficient gravity to annoy the patient, and prolong the period of his cure; while others are of such danger and severity as materially to endanger life." Among the accidents that may occur are the exfoliation of a ring of the injured bone, and the formation of tubular sequestra. The production of the latter the author regards as due to the division of the nutritious arteries of the bone either by the saw or the catlin. The supply of blood to the medullary membrane thus cut off is too slowly supplied by anastomonis, and the bone dies. Phlebitis is another destructive consequence of such violence, but is of much rarer occurrence in the well-ventilated hospitals of the United States than in Europe.

In reply to the objections which have been urged against the operation on the score of exposing so large a surface, Dr. Markoe replies, that experience has shown that violent inflammation and suppuration are rare in comparison with their production in ordinary wounds of this joint. The danger of wounds of this part arises (1) from the extent of the synovial membrane; (2) the constant motion of the inflamed surfaces on one another; and (3) the closed condition of the inflamed parts leading to tension. The section of the joint diminishes the first of these sources of danger, and entirely obviates the two last.

In drawing the comparison of the results of this operation and that of amputation of the thigh, the author states that, according to Dr. S. Smith's *resumé* of cases occurring in European practice, of 28 cases of amputation at the knee, 12 died, and 16 recovered. There have been 18 American cases, 13 recoveries and 5 deaths; making in all 46 cases, and 17 deaths. The proportion of deaths in European practice, has been, therefore, 43, in American 28, and in the two together, 37 per cent. Of the 987 cases of amputation of the thigh, collected by Phillips, 435 died; and in 68 American cases, collected by Dr. Markoe, there were 29 deaths; being an average mortality of about 43½ per cent., and making a difference of 6½ per cent. in favor of amputation at the knee-joint.

"Of the different modes which have been proposed of performing the operation, I give a very decided preference to that by the long anterior and short posterior flap. This has the advantage of throwing the wound on the most depending aspect of the stump, allowing easy exit to the discharges; and it, moreover, brings the cicatrix so far back between the condyles, that it is not exposed to pressure. By cutting short the gastrocnemius muscles it diminishes the number and concentrates the situation of the ligatures, so that they can be brought through the posterior flap directly, without traversing the face of the stump. It will, however, often happen that the mode of operation will be determined by the condition of the integuments; and it is therefore fortunate that the success or failure of the case does not essentially depend upon the particular method adopted. In all cases it must be borne in mind that a great deal more flap is required to cover the ends of the condyles, than to cover a bone sawed through its shaft; and the most common mistake in performing the operation has been the not making the allowance for this circumstance, and, consequently, cutting the flaps too short."—*New York Journal of Medicine.*

PART THIRD.

EDITORIAL AND MISCELLANY.

Transactions of the Ohio State Medical Society.—Much of this number of the Journal, as will be seen, is taken up with the doings of the State Society. Some of these papers are of deep interest, and all of them perhaps of as much importance as what usually falls into the department of "selected matter."

Artesian Wells at Bryan, Ohio.—Dr. Wm. Trevitt, from the Committee on the Mineral Waters of Ohio, made, among other things, a report in regard to the above wells. The *order* of *stratification* in the region is alluded to; besides, there has been an analysis of the water by Prof. T. G. Wormly, of this city.

We refer to the paper itself for details, with the remark that it is a matter of astonishment that these wells should, until this day, have excited so little attention. What do we know of even our own State? Well may the present Legislature agitate the propriety of making a geological survey. Fifty, or one hundred thousand dollars invested in this way, would, in all probability, develop treasures of the value of which, at the present time, we have no conceptions.

The Commencement of Starling Medical College, took place on the evening of the 3d. The Annual Address was given by Judge Thurman, of this city, while we ourselves pronounced a few words in the way of a Valedictory. Judge Thurman's address consisted in a very able and lucid exposition of the subject of *Medical Jurispru-*

dence—its history, relation to other departments of jurisprudence, its peculiarities, and the prominence it has assumed in modern times. We shall try to procure a copy of this address for a future number of the Journal.

The degree of Doctor of Medicine was conferred, by the trustees, on the following gentlemen:

James Johnston,
James E. Morris,
J. C. Kalb,
S. M, Turner,
W. L. Whann,
E. Hyatt,
M. C. Parkison,
W. C. Hall,
H. C. Winans,
J. Curl,
Daniel Patterson,
Wm. McMaster,
Alfred Jones,
J. T. Houston,
John Holton,
Wm. Hooper,
Dwight Hall,
A. F. Teal.

These gentlemen now go forth, authoritatively, to do what they can in the way of treating disease. So far as our acquaintance with them is concerned, we shall have no fears but what they will demean themselves creditably. In our department, which is rather the foundation of all the branches, they took a *high* rank, a circumstance that argues well for their future. It now remains for them to continue the inquiry so auspiciously commenced. This is the only course that can be relied upon to meet successfully the emergencies of professional life.

Medical men, for a few years back, have had their minds occupied with the qualifications usually required of those about to enter the profession. This has not been because of an over-proportion presenting for admittance; for there appears to be a falling off, and if the same state of things continue, the supply will fall very much, in a few years, short of the demand—but we presume the explanation may be sought for in the feeling that the standard of education needs, in order to compare with other things, to be raised higher.

How shall this be done? Upon this question there is a variety of opinions. It has been stated by those very well qualified to give proper views, that the right to educate and the right to grant degrees, should be separated, and that the latter should be exercised by persons who are entirely independent of the colleges. This looks somewhat plausible in theory, and certainly deserves careful consideration. It however takes the educated away from the educator—the one most capable, it must be acknowledged, of understanding qualifications.

A matter upon which there can be no difference of opinion, so far as insuring qualifications to the student is concerned, is an *increase* in the length of the "lecture term." This looks to the convenience of the teacher and the taught. The one can have more time to elaborate and make plain — the other to assimilate.

MINUTES OF THE NINTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION, HELD IN THE CITY OF DETROIT, MICHIGAN, MAY, 1856.—This volume has been laid on our table, and including the list of members, makes over 900 pages. We have no time for an analysis of contents in this number, but will attend to this in our next.

THE NORTH AMERICAN MEDICO CHIRURGICAL REVIEW, for March, is already on our table—we say *already*, because it came to us a few days before "the time advertised"—an instance of promptness on the part of all concerned in getting the work out, that to say the least of it, is suggestive.

Taking a very slight glance at the number before us, we recognize that the leading feature of the work will consist in *Analytical and Critical Reviews*. In this department, the senior editor will be eminently at home. He will figure no better here, however, than in the department of "Original Communications," or in the "Editorial," where, in the one instance, singleness of purpose is requisite, in the other, a mind that can take a comprehensive view of what is passing before the profession. From the perfectly perpendicular of what is judicious, we have, but in an example or two, known the editor to reel; and, as this was in relation to Medical Journals, the sin, if not already "repented of," soon will be. We wish the *Review* a brilliant career of usefulness. Just such a publication is needed. Its Bi-Monthly feature enhances its value, and will make it more acceptable to the profession than the Quarterlies or Semi-Annuals.

WESTERN LANCET.—This publication, which commenced its earthly career in 1842, under the supervision of Prof. L. M. Lawson, who conducted it with marked ability for a number of years, has lately passed into the hands of Prof. Geo. C. Blackman, and comes to us enlarged, bearing on its pages, also, all the evidences of the latest improvements in typographic execution. From what we see of the style of the present editor, his "selections," &c., taken in connection with what we know to be his learning and energy, there can be no doubt about the future of the Lancet.

DEATH OF HUGH MILLER.—This learned gentleman, so well known for his contributions to Geology—his "Foot-prints of the Creator" intended to expose what he deemed the fallacies of "The Vestiges of the Natural History of Creation," is no more, so says the accounts from Edinburgh, his place of residence.

For some time before his death, he was engaged in the preparation of a work—"Testimony of the Rocks," in which he has undertaken to harmonise the doctrines of *Science* with those of the Bible. He finished the work the day before his death.

DEATH OF DR. J. A. PARIS.—At the time of his death, (24th Dec. last,) Dr. P. was President of the College of Physicians. Some time previously he was President of the Board of Health, and wrote the Report on Cholera of 1854. He is the author of the Life of Sir Humphrey Davy; a work on Pharmacologia; one on Medical Chemistry; one on the Philosophy in Sport—with others of miner consideration.

NEW ANÆSTHETIC.—The Medical press from abroad announce the use, by Dr. Jno. Snow, of another agent possessing anæsthetic properties not inferior to chloroform or ether. It is the vapor of *Amylene.* The medicine is prepared from fusel oil and chloride of zinc.

In regard to all our anæsthetic agents, as a journalist, we have said but little, calculated to encourage general use. That they have a place in practice there is no question. This however, involves such a nice, such a thorough investigation of all the circumstances, peculiarities, etc., connected with the cases in which their powers are about to be invoked, that we think them *safe* in the hands of but very few. Better suffer a little pain, than not be perfectly satisfied that there is no possible thing or circumstance present which might not only render the agent injurious but convert it into a cause of fatality.

THE "GROSS OUTRAGE."—We have an aversion to troubling our readers with anything purely personal, and the more so, if the matter happens to concern ourself.

A short time since the newspapers were engaged in circulating what they were pleased to term a "Gross Outrage," perpetrated on a convict in the Ohio Penitentiary, while we were Physician to the Institution. The outrage consisted in an alleged operation on a patient against his will, for cataract. A committee was authorized, on the part of the House of Representatives, to inquire into the truth of the charge.

Before this committee we appeared, and proved by testimony unimpeached, and unimpeachable, and also, by all the circumstances, that the charge was *untrue*, that it had been *founded* on the circumstance, that, *while engaged in the performance of an operation for cataract*, the patient resisted, and had, not merely for our convenience, but for his own safety, to be restrained.

Perhaps, there was as little reason for calling in question our course at the Prison, as there has been with reference to any former occupant of the Medical Department. After we concluded to accept the appointment, we determined to give the convicts the full benefit of the resources at our command. We took with us the stethoscope, chemical tests, surgical instruments of all kinds, and the microscope—and when a case occurred, we spared no pains necessary to its elucidation and cure. A result that followed, was that we had a very low bill of annual mortality. The mortality was one and one-twelfth per cent.—that is one and one-twelfth man died for every one hundred there were in the institution. Our year there, too, embraced the summer of '55, a season characterized with a great prevalence of malarious diseases, a very large amount of which we had in the Hospital of the Prison. Compare this mortality with what occurred in the Institution before or since, or any city of Ohio, or even in rural districts, and some opinion may be formed of success.

The "by-law" of the Penitentiary which prevents surgical operations from being "performed without the consent of the prisoner, or the consent of two of the Inspectors," has not been framed by any one acquainted with the circumstances usually present in surgical operations. Not one operation in fifty is performed with the *consent* of the patient. The operation may be *commenced* with his consent but the progress and completion of it, is usually, in the midst of remonstrances from the patient, and not unfrequently from the friends standing around. Will any surgeon, after having commenced, cease the *"performance"* of an operation because of remonstrances on the part of patient? Unless he does, he violates the above rule—if he does, he shows himself incompetent to discharge rightly the duties of his profession. The rule, therefore, is violated from the necessity of things, and should be expunged.

"No surgical operation shall be performed unless with the consent of the prisoner, or *two* of the "Inspectors." Who are these "Inspectors?" the judgment of whom is here set above that of the Surgeon? They are a part of the *trustees* of the institution—men selected from society, because of their *business* qualifications. Agreeing with the patient, they form a quorum against the physician, and can, by the rule in question, thwart him at any stage of a surgical operation. They are recognized as having judgment in regard to the propriety of surgical operations—certainly something very rediculous to the men themselves—and, we presume, very unacceptable to them, if it is understood that they, as a consequence, must share in the responsibilities of the surgeon's department. Why not call these Inspectors in and take their opinions with reference also to the *medical* treatment of the most complicated cases? Life is as much at stake here as in surgical operations.

The proper course, with reference to this; as well as to other institutions where medical or surgical service is required, is to commit the department to a capable man, with full authority to do what his judgment dictates to be proper, untrammelled by the interference of those who are unacquainted with such duties. With any other understanding than this, no man of spirit or competency, will have anything to do with a public institution.

Adjuster-Splint, Etc.—We call attention to the advertisement of Dr. Bunce, in this number. This instrument deserves the attention of the profession, because of its price and adaptation to its uses. Several of the instruments, we understand, are on sale in this city, and can be had on order.

Atheneum Lectures.—Owing to the press of imperative duties, we have been unable, through the course of the season, to do anything more than merely look in, once in a while, on this theater of mental effort. Those who have occupied the *stand,* have been mostly from abroad, and have embraced quite a variety, so far as the conformation of cerebrums are concerned. But two or three *types,* however, have succeeded well, in either drawing houses, or administering to the taste of our community.

Among these, we may mention the *fun-making* type as taking precedence of the others—as standing first in point of importance, our people being the judges. People would rather laugh, it seems, than do anything else in this world. It is both exercise and enjoyment, and is one of the very few things that distinguishes man from the inferior animals—something added to him to give him latitude of feeling, and, perhaps, he indulges it, after the same fashion that many of the inferior animals do the exercise of their superior sensorial organs.

The next largest audience has been obtained from the possession, on the part of the speaker, of *peculiarities*. These may relate to the individual himself, or to his doctrines. If to the individual, he must have excelled somewhere or other as an orator, and possess traits that make him differ from all other specimens of the *genus homo.* The more these can be made to stick out the better—the audience is mesmerized by such phenomena and the speaker lionized.

If, after having made his demonstration, it is thought there is something yet behind, the curious make a party or two, to which the speaker is invited, and there, by a series of suggestings and punchings, the poor fellow is made to act out the last crotchet of which he is possessed. Thus unconsciously victimized, the lecturer proceeds from town to town of the Anglo Saxons, subjecting himself at each place to something of the same ordeal.

If, on the other hand, the "peculiarity," relates to "doctrines," the discourse, in order to draw out an audience, must embrace those things that have the appearance of being new, and supported by a process of cant phrase mongering. It matters not how much the doctrines advanced differ from the experience of the world, or how many axioms are set at defiance, or how much the teachings of Scripture, and the usages of the Church are superceded, the question is, says the speaker, "Is what I maintain true?" It is rich to see one of these itinerent lecturers in an effort to establish something as "truth," that is opposed by the whole history of our race, and all of our religious and political institutions.

A few evenings since, we listened to a lecture, where the speaker thought it necessary to caution his audience against the authority of great names, and mentioned, as an example of these, the names of Clay, Webster, Isaiah and Paul.

The smallest crowd has been found when it was known that there would be a *scientific* discourse on some subject. To one lecture, where the speaker happens to be a stranger, and is known to have a reputation as a very able man, a pretty good house makes its appearance. The second one is, however, apt to be a failure. Science is not in popular demand.

We do not wish, from what we have said, to be understood as finding any fault with the Atheneum. Its managers deserve all praise for an attempt to supply our city, and strangers who come here, with an intellectual entertainment for winter evenings; and there can be no doubt, but what the taste of the public, no less than its stock of information, has been improved. What we have alluded to is interesting, however, to the medical man, as showing the size and proclivities of the *cerebrum* in our society. We want first, fun, then queer and extravagant things, then a little science.

To Subscribers.—We dislike the necessity of reminding subscribers that their *arrearages* are indispensible, and that we will be "much obliged" for all favors of this kind. Many have not paid for the present year, although our terms are "in advance;" besides there are accounts on our books of long standing against subscribers that ought to be settled.

Receipts will appear in our next No.

MORAL INSANITY — THE CASE OF HUNTINGTON, THE FORGER. — This case has elicited, in New York, quite a large share of attention, on account of the plea of "*Moral Insanity*" set up by the defendant's counsel. We confess we can see no more grounds for the importance thrown around this case, than for the diatribe between the London and Edinburgh folks, with reference to the manner in which Liston held the knife in performing the operation of Lithotomy. That there is such a thing as *moral insanity*, nobody will doubt who has the merest smattering of medical information. No generation of people, or perhaps no family has ever existed, but what furnished proof, more or less abundant, of the existence of such a condition. What means all the over-wrought fanaticism in political and religious matters, or the seeming uncontrollable tendency there is in many constitutions to commit crime, if the moral faculties are always in the normal condition?

That such a condition, however, should render the individual irresponsible to courts of justice for his acts, is quite another question, and one with which physicians have nothing directly to do. Physicians should speak their honest convictions with reference to every departure, moral, intellectual or physical, from the physiological standard; and if moral insanity is made out, it belongs to the judiciary department to say whether acts committed under its influence should, or should not, subject the individual to punishment. We see, therefore, no good reason for the *ad captandum vulgus* of some of the journals with reference to the testimony of Profs. Parker and Gilman, in the Huntington case. These gentlemen testified to what they believed to be the *existence* of such a state as moral insanity.

One of the New York journals, after a lengthy editorial against the defense set up by the forger, and against the influences, particularly of the testimony of Profs. Parker and Gilman, quotes Dungleson in favor of dispensing with medical testimony in all cases of insanity, depending entirely upon what can be obtained from "fellow citizens,'' arguing, that they are about as good judges of insanity as anybody.

We would merely suggest to the Journal to look into its course a little more; and see whether or no it can't get along without ignoring one of the plainest and most useful maxims pertaining to society, to wit: "those that *know the most, cetteris paribus*, are *the most competent* witnesses." If Dr. Dunglison warranted any other view than this, in what he said "twenty years ago," all that we have to say is, "*Sometimes even Homer nods.*"

The Kane Obsequies.—Dr. Kane died in Havanna, on the 16th ult., and his remains in being conveyed to their ultimate resting place (Philadelphia) passed through a portion of the Mississippi valley. The remains arrived here on the evening of the 7th, and were placed in the Senate chamber, where they remained until the morning of the 9th, when they were placed upon the cars, of the Central Ohio R. R.

On the morning of the 9th, inclement as it was, the people of our city turned out in great numbers to pay their tribute of respect to the remains, not of a military hero, an eminent civilian, or a master in some department of art; but to those of a modest, benevolent, energetic young man, who has made an effort, and not without success, to extend the boundaries of science—to increase the knowledge of the present generation with reference to a portion of our earth. In this undertaking, without any earthly doubt, Dr. Kane sacrificed his life. This truth is recognized by our people, our nation, indeed by the world; and the circumstance has called forth in every heart the profoundest sensation of sorrow.

In an interview with a brother of the deceased, we learned that the disease of which the latter died, was Scurvey, contracted on the late voyage.

Travels of Dr. Livingston.—No little sensation has been created in Great Britain by the return, lately, of Dr. Livingston from South Africa. Dr. L. has been absent seventeen years, exploring the wilds of this continent, and for sixteen years of that time he enjoyed no opportunity of conversing in his native language. We look for some contributions to science when the travels of this distinguished man are published—particularly with reference to the diseases of the negroes.

March No.—Our March No. is generally behind time. This is owing to a great press of duties at about this period. This year they were increased upon us, and hence the late appearance of this No.

Strychnine, by Thos. W. Bradley, of Holladay Cove, Va.

Prof. Dawson: In the Nov. No. of the Journal, I see the question asked, "should Strychnine be used as a Medicine?" Now, without attempting to answer the question, I propose to give a part of the result of my observation, with the above named article. I had a case of Typhoid fever, well marked, the prominent symptoms being a confused feeling of the head, amounting to dull pain especially of the base and back part. Exercise (either mental or physical) almost impossible, universal soreness; secretions almost entirely suspended; pulse rather full, hard and frequent. The patient was a married lady, aged 34, formerly of good constitution. I bled her until some impression was made on the pulse; some few hours after, cupped the nape of the neck, which, to some extent, mitigated the prominent symptoms; the remainder of the treatment was such as is usual in such cases, until the fourth day, when sinking became manifest and the case treated accordingly, until paralysis threatened a speedy termination. The eye-lids, the right one soon became closed with the ability to raise the left one but partially; about this time the ability first to swallow, and soon after to speak was abolished, in short, it seemed that dissolution was now to close the scene. I had in the meantime called in counsel, of course, and with concurrence of my friend Dr. Dungan, commenced giving strychnine, a tenth of a grain every three hours, in a few drops of water. This, you know, could be poured back on the tongue; after the fourth dose some twiching of the right eye-lid was manifest, soon after of the left, soon voluntary motion was made; the power to swallow and speak soon began to return, and in about forty-eight hours, all difficulty of that kind had passed away, and the patient regularly recovered under the use of the strychnine.

It may be proper to state, that about the time the strychnine was commenced, a blister was applied to the nape of the neck, and right iliac region, also, that a wash made of beef-broth and alcohol, was regularly applied during the time that deglutetion was abolished.

Now, it seems to me, that people in such cases sometimes die of *paralysis*, and that the *cause* of the paralysis may be transient, (like the cause of death in poisoning by opium,) and that strychnia in the former, (like artificial inflation in the latter,) may, sometimes save life; to this conclusion, my observation in this and a few other cases has forced me.

WASHINGTON, D. C., Feb. 9th, 1857.

DEAR DR:—I have not had sufficient time to devote to general Medical topics since I came here, to give me the necessary knowledge of men and things, in that especial field, which would allow me to comply with your request—that is to give an excerpta, etc., etc. But knowing your wish to spread before your readers anything of real importance to the profession, and through its members, to the world at large, I will send you a familiar letter on Cholera investigations.

Since my appointment by the American Medical Association, as committee on the Etiology and Patheology of Epidemic Cholera, I have spent much time in trying to obtain Meteorological statistics, embracing every department of the science, and extending through as long a period as possible. But I find that no hygrometrical data have been published in this country, with the exception of a few which have been circumscribed in extent of time and territory.

Since I came here this winter, I have been examining unpublished data, and more recently the London "Appendix to the report of the committee for scientific inquiries in relation to the cholera epidemic of 1854." "Presented to both Houses of Parliament, by her Majesty's command." In this report is embraced a report upon the Meteorology of London, in relation to the cholera epidemic of 1853, 1854; and many Microscopical and Chemical reports, and observations on the water used by the inhabitants of the city, etc., etc., "too numerous to mention" in a letter of this kind.

The various reports embraced in this report, are however, confined to the city of London, with an exception in relation to a microscopical examination of waters in a few other places, and temperature, &c., in a few other places, mostly suburban districts. The readings of the Barometer for February, March and April, 1854, were above the average mean for the thirteen years before—thus: + O. 272. + O. 403. + O. 266. The reading for February was greater than for any February of the series excepting, 1849. For July, August, September, October and November, the readings were respectively + O. 017. + O. 104. + O. 199. + O. 058. + O. 003, showing plus means in the above eight months. The mean reading for the year 1854 was 30.021, being an excess of the average by O. 082. Yet in speaking of temperature, the report says:

"The mean yearly temperature for the 13 years ending 1853, was 49.4° and 1854, 49.0°. The investigation of the mean temperature of the several Metropolitan districts, exhibit up to this point very little variation of temperature as compared with each other, and we may fairly come to the conclusion, that the actual temperature of the air has exercised no very decided influence over the disease."

I will show some of the estimates of temperature hereafter, which will show how *fairly* in some respects this conclusion is drawn. I do not think we can gain a knowledge of the effect of temperature in developing or spreading disease by studying yearly, or monthly reviews, nor even by comparing daily means, because a day may be excessively warm and counterbalanced by a very cold night. So an excessively hot summer may be counterbalanced by a very cold winter, and the average mean would be no greater than a mild summer and winter of some other year. The degree of humidity with a high temperature probably has more to do with disease than a higher temperature under opposite circumstances.

The day temperature of the city of London, was proven to be below that of the surrounding districts, and the report says, "nor is this remarkable, the sun's rays having first to penetrate the thick atmosphere which generally overhangs all large towns and cities, but more particularly London, and for this reason the duration of high day temperature is shorter than in the country." Now although the high day temperature is shorter, may not a portion of that day be very warm? For instance, if the six o'clock and nine o'clock, A. M. observations be low, from the fact that the sum has not penetrated the misty pall, may not the 12 M. or 3 P. M. observation be high, and yet the daily temperature be found below the suburban districts? The night temperature of London was proven to be higher than in the surrounding districts, the daily range being from two to three degrees less than in the surrounding country. "The periods when the greatest excess of night temperature occurred, were from August 20th, to September 14th, and from September 26th to October 4th. These periods were distinguished by a stagnant atmosphere with prevalence of haze and frequent fog, the mean excess in the former period was 7 deg., in the latter 6.7°."

The difference found in the range of the temperature in the central and suburban districts can also be—at least partially—accounted for by noticing the condition of the Thames at that time. It was receiving the entire sewerage-filth of that vast city, and at the same time in a half simmering condition, as is proven by the following quotation in which the river temperature is compared with the temperature of the air:

"The excess is O. 5 deg. in Feb., increasing to 4.3 deg. in June, decreasing to 3.1 deg. in July; continuing about this value till September; is 1.4 deg. in October and less than O. 5 deg. in the remaining two months." This shows the temperature of the water to have been greater than the air during every month of the year, excepting January. And when we consider it was little better than a receptacle for the filth of the city—although used as the source of supply of water for the city's inhabitants, we cannot wonder that the thermal range was less in the city than out of it.

From the 15th of August to the 12th of September—twenty-eight nights—the average excess of the river temperature over the temperature of the air, was 16.3 deg., and from Sept. 20th to Oct. 4th 16.5 deg. During this time, the Thames must have been giving off vapour from its surface, in vast quantities, as is certainly proven to be the case when the ærial temperature is in excess, and the temperature of the water 16½ degrees above, for weeks together. We would expect reasoning *a priori* that disease would be increased, when, under such circumstances, an epidemic was raging. And the proof stands thus, during July there were 308 deaths from cholera, August 3,513, September 6,084, and in Oct. but 823. On the 5th of Oct. there were sixty deaths, on the 6th, 41, with a pretty regular decrease to the 31st, when there were none. Now compare some days of September. The greatest mortality was on the second day of September, when 459 died, the number having arisen from 137 on the 29th of August, each day, as follows:—30th, 187; 31st, 211; Sept. 1st, 389; Sept. 2d, 459; Sept. 3d, decreased to 329; 4th, 305. The pressure of the atmosphere was shown to be more continuously great during the worst period of the disease, than at any other time." The readings of the Barometer reached 30½ inches on three different days between August 25th and Sept. 10th, and during the week ending Sept. 9th, there were 1869 deaths from cholera, the highest weekly mortality during its visitation; higher by 223 than any other week; and the only weeks which were anything near these figures, was the one immediately prior to this one, and the one immediately following it.

During the last five days of August and the first twenty-three of Sept., six thousand two hundred and twenty-four fell victims to the disease; while during the six months in which the disease prevailed, commencing July 1st, four thousand five hundred and sixty-one others died; showing that nearly fifty per cent. more died during the last week of August, and the first three of Sept., than during the entire period beside, and during this time the pressure of the atmosphere was proved to be greater than at any other time during the period examined. Even the report says, "within these periods the whole area of the Thames must have been giving off incessant and vast volumes of vapor which, unsustained by air, *because of the great difference of temperature*, hovered over the city, thickening the atmosphere and exercising an influence most inimical to the health of the Metropolis. It would seem that temperature and other ærial conditions must have had something to do with this effect. During the year 1854 the mean weight of a cubic foot of air, was from one to five grains more druse than the average of years, excepting January and December.

From the 19th of August until Oct. 11th, the temperature of the atmosphere was in excess at an average of 2.6 degrees daily, and the greatest excess occurred during the week ending Sept. 2d, when the average was 6.25 deg. It will be recollected that Sept. 2d was the day of greatest mortality, and if the temperature, pressure, etc., had nothing to do with the mortality, the coincidence is worthy of notice.

When we consider that an excess of atmospheric temperature reaches 6¼ degrees for many days together, and a pool or stream of water with a broad evaporating surface is 16.5 degrees warmer than this same atmosphere, making the water 22.75 degrees hotter for weeks, than the ordinary temperature of the atmosphere, and I think we can fairly presume a most moist and high temperature, whose effects cannot be anything but the most debilitating, thereby preparing the people for the very great increased amount of deaths which were recorded during that very time. There is very much in the report worthy of the most critical examination, and comparison with other localities. But to be able to compare statistics of much of our country—they have yet to be kept—it is true we can obtain partial data for several localities in the U. S., but there have been none made over an extrusive surface, and for a long period of time, i. e., none embracing full statistics of Meteorological Science. It is now hoped that a most exact set of observations will be made, embracing every department of Meteorology by the combined efforts of the Surgeon General and the Smithsonian Institution.

If the Army observations can combine Barometry, Hygrometry, etc., with the data now collecting, the observations, will evidently be of much more value than those obtained by casual observers. But I do not think we can gather anything near the same information from monthly and yearly means, that we could from the daily conditions, etc., etc., nor can we depend as much upon observations made but three or four times during the twenty-four hours, as we could upon hourly observations.

I am, dear sir, respectfully,
T. WINSLOW GORDON.

Jno. Dawson, M. D.,
Anat. Et. Phys. Prof. Starling Med. Col.
Columbus, Ohio.

Fatal Mistakes by Apothecaries..—The late melancholy results of ignorance in the sale of poisonous drugs and mixtures, in lieu of the prescriptions ordered by physicians, by incompetent persons having been placed in charge of apothecaries' shops, have created a profound impression upon the public mind. By a druggist in Philadelphia the *black drop* has been substituted *black draught*, with a fatal result; and the *cyanide* of potash having been sent by another in Baltimore instead of the *chloride* of potash, as the newspapers tell us, resulted in the death of both the patient and the apothecary, and had well nigh proved fatal to the doctor, the two latter having most unprofessionally tried the experiment on themselves, by tasting the mixture, after the prussic acid had been developed. We look to the Journal of Pharmacy and the Druggists' Circular for the facts of these cases, and to the Colleges of Pharmacy to prevent the repetition of these mischiefs, by invoking a legislative remedy.—*Medical Gazette.*

We understand that Professor E. R. Peaslee, of the New York Medical College, has in press a new work on Physiology, a topic to which he has devoted the best years of his life as a teacher, and in which capacity he is known to excel. The book will be forthcoming in April of the present year.—*Ib.*

DR. VALENTINE MOTT, as will be seen by our notice elsewhere, has been again elevated to the Presidency of the New York Academy of Medicine. This is an expression of the high estimate of the profession at home, which has been so often manifested towards this "Napoleon of Surgery," as he has been so often called. It now only remains that the New York University should place this veteran American at its head, a position from which he has been most unrighteously supplanted; and that the American Medical Association should honor itself by his early elevation to their Presidency, that he máy wear all the honors he has won by his brilliant career of science and skill in surgery, before he dies. At present he is in full health and spirits, and in proof that his eye has not grown dim, nor his natural strength abated by his advancing age, he has recently tied the common carotid artery for the forty-fourth time, and is daily occupied in the busy scenes of actual practice, and teaching surgery with as much enthusiasm as ever. His reception at the Academy must have been grateful to his feelings, and in assuming the chair so gracefully, after a long absence, he was welcomed with hearty acclaim. We have little doubt that, during his Presidency, he will, as formerly, rebuke the indolence of his juniors, by his industry in producing papers for the Committee of Publication, and by his example provoke them to duty and good works.—*Ib.*

SCARLET FEVER AND MEASLES. — Our confrere of the Nashville Medical Journal offers, as an *argumentum ad hominum*, in favor of the contagiousness of these maladies, certain instances of their epidemic prevalence, which to superficial thinkers will doubtless be regarded as conclusive. Cause and causation, coincidences, the *post hoc* and *propter hoc*, must be discriminated with more care and accuracy, before such wholesale axioms can be recognized in medical logic.

Suppose it is conceded that a hundred or one fourth of a medical class, are all simultaneously attacked with measles, after one of their number has had the measles fever, and ventured into the class room? What then? Does it follow that they all reeeived the infection from the solitary case of measles fever, and this before the eruption, and when no exhalation or effluvium was possible.

We confess that such a proportion of *adults*, 25 per cent., who had hitherto escaped measles, is a greater miracle than the proof that a broken leg was catching, and that the class took it by sympathy or absorption. But we have known a similar sudden development of ague and fever to scores and hundreds occupying the same locality, when some one of them had it first; but we never suspected contagion, but only an endemic or epidemic atmosphere. The same cause which produced measles in the case named, if atmospheric, acted on all the class, and those who were predisposed or had hitherto escaped took the disease, not from the first case, but from the same cause which gave it to him. This is not transcendentalism, but common sense, and applies with equal force to the scarlet fever in the instance cited. Nor can any instance be named, which will not find a parallel in intermittent fever, proving contagion in this as conclusively as in the other cases.—*Ib.*

DRS. CRANE AND DUBOIS, who perished at their post of duty on Long Island, while toiling in professional conflict with the Yellow Fever during the last summer, are gratefully remembered by the people of Brooklyn, and a public meeting has been called, headed by her most eminent citizens, with a view of giving some tangible and permanent evidence of respect to their memories, and active spmpathy with their surviving families. We rejoice in this movement, and especially to observe that several of the prominent physicians of Brooklyn have signed the call. Something noble and praiseworthy will doubtless be the result.—*Ib.*

The rival Michigan publications, viz:, the Peninsular Journal of Medicine and the Medical Independent, both issued at Detroit, are engaged in an unseemly and unnatural war, which we take it upon ourselves to say is discreditable to the profession, and for the sake of both parties should speedily come to a "dead halt." Let our editorial brethren "bury the hatchet," i. e., "sponge out and begin again." We command the peace. This is a vermillion edict.—*Ib.*

Dr. William Darling, formerly of New York city, has been admitted a member of the Royal College of Surgeons, in London.

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PART FIRST.

ORIGINAL COMMUNICATIONS.

ANNUAL ADDRESS, DELIVERED AT COMMENCEMENT OF STARLING MEDICAL COLLEGE, MARCH 3, 1857.

BY HON. A. G. THURMAN.

SUBJECT—*Medical Jurisprudence.*

Whoever undertakes to deliver an address on an occasion like this, may find himself embarrassed not by any difficulty in discovering a theme for his discourse, but by an obstacle just the opposite, yet almost as great; the difficulty of selecting from a multitude of topics. The range of medical and surgical science is so great, its schools are so numerous and dissimilar, its history is so voluminous and interesting, the mission of its followers is so noble, and the bright names on its roll of fame are so many, that almost every variety of theme — scientific, historical, biographical, ethical — is offered to the speaker. Is he a chemist? — he may speak of chemistry, for it belongs to the healing art. Is he a botanist? — he may pour forth his knowledge, for he treats of the materia medica. Is he a mechanician? — his finest model is the human frame. Is he a lawyer? — medical jurisprudence has been his study. Is he a metaphysician? — he may discourse of insanity, mind and matter. Is he a moralist? — the ethics of the profession invite his research. Is he a student of history? — he need not leave his domain when he speaks of medicine. Is he a hero-worshipper? — where can be found objects more worthy of his admiration than in medical biography?

Out of such abundance, the man of general knowledge finds it difficult to select, and even one of limited attainments is not wholly unembarassed. The safest rule is doubtless to keep as near as possible to his own peculiar province, if he have one. If he is a chemist, let him talk of chemistry; if a botanist, of botany; and so, whatever is his specialty, let that be his theme. This rule requires me to speak of medical jurisprudence—a sort of common territory jointly occupied by Esculapius and Themis. What is Medical Jurisprudence—or, as it is sometimes called, Forensic Medicine? We all know the meaning of the word "medical;" that it signifies that which pertains to the cure of disease; and we also know that by "jurisprudence" is meant the science of the law; but when we put these two words together the idea sought to be conveyed is by no means clear. If we use the term "criminal law," it is at once understood that we refer to the laws for the punishment of crime. If we speak of "land law," or "commercial law," it is easily apprehended that we mean the laws relating to real estate, or to commercial transactions. In each of these terms, and in others that might be named, the adjective prefixed to the word "law," designates the object upon which the law operates. We say "criminal law," because the law spoken of operates upon criminals; "land law," because it regulates the possession and enjoyment of land; "commercial law," because it governs commercial pursuits.

But when we speak of Medical Jurisprudence, or Medical Law, the analogy fails, for we do not refer to a law that governs medical transactions. We have no such special law, at least in this State. Even the license system that once had a place in our statute book, has long since been expunged from it; and while in some countries, the humblest apothecary is required to study his art for years, and to pass successfully a rigorous examination before he is permitted to exercise it, in Ohio there is the most perfect free trade in medicine. Allopathist or homæopathist, hydropathist or steam-doctor, eclectic or indian, spirit rapper or biologist, much medicine or little medicine, water or vapor, mineral or root, clairvoyance or conjuration—the law gives them all fair play, and leaves it to the common sense of mankind, or a dear bought experience, to discover the true and reject the false.

I say nothing of the wisdom of so experimental a policy as this: I merely note the fact that any day in the week, any man or woman in Ohio may write M. D. after his or her name, and without an hour's previous study, commence the practice of medicine; with no other legal responsibility than that which attaches to every person, in whatsoever calling, who injures another by his want of skill.

Such being the law, the duty of the men of real science, I may remark in passing, is obvious. It is to them that the people must look for protection against the impositions of quackery, and it is only by the manifestation of their superior excellence that this protection can be afforded. It becomes them therefore, to see, that their system of medical education is thorough, and that no one shall be permitted to leave their halls with the fiat: "Let him exercise his art," who is not reasonably well qualified to do so. It is quite possible—nay, perhaps quite probable—that the adept of even a bad system, comparatively speaking, may be a more successful practitioner than the half instructed student of a good one, while it is very certain that the ignorant follower of either is more likely to bring it into disgrace than to uphold or advance its credit.

I do not mean by these remarks to assert that no one should commence the practice of medicine until he is a thoroughly skilful physician; for that, I imagine, would be to demand an impossibility. Thorough skill in any art, is the result of practice combined with theoretical knowledge, and cannot be attained otherwise. Even the astronomer or mathematician must acquire the ready use of his instruments by practice; and the lawyer, though there is but little of experimental philosophy in his profession, must learn by experience how to use his legal lore. How much greater the necessity, in an art so eminently experimental as that of medicine, and requiring in so high a degree the habit of observation and quick apprehension, for practice to be combined with theory to make the skilful practitioner.

But while it is sufficiently obvious that study alone, without practice, will not make a physician; it is also true that if he commence his career without sufficient preliminary study, however eminent he may ultimately become, he is in danger of acquiring his knowledge at the expense of the suffering, sometimes I fear the lives, of his fellow men.

To return from this digression: Medical Jurisprudence, as commonly defined, "is that science which applies the principles and practice of the different branches of medicine to the elucidation of doubtful questions in courts of justice." In other words, it is the administration of law enlightened by medical knowledge. It is not the jurist sitting in judgment upon the medical man, but it is the latter aiding the former to discover the truth. As in a case involving a question in mechanics, witnesses versed in the art are called upon to testify; so, in a case involving a medical or surgical question, physicians or surgeons are in like manner called; and as, in the one case, the term "Mechanical Jurisprudence" might, for convenience, be used, so in the other, may we employ the term, "Medical Jurisprudence."

Medical Jurisprudence, in fact then, embraces the whole field of medical knowledge, for there is no portion of that knowledge that may not, at sometime, be needed to elucidate a litigated question. Not to mention other instances, it would be sufficient to observe that in the exercise of any branch of his art, in the treatment of any case under his care, the medical man is liable to be accused of malpractice; and in general it is by medical testimony alone, or mainly, that he is either condemned or acquitted.

The science then is commensurate with medical knowledge—and now a word as to its importance.

Upon the practice of the physician, often depends the health, perhaps the life, of the patient—upon his testimony may depend the fortune, the reputation, or even the life of a litigant.

Imagine a trial on a charge of malpractice, before a jury wholly ignorant, as is almost invariably the case, of any knowledge of the subject except what they get from the testimony, and not qualified by any previous education to judge correctly of that. It is obvious that they must mainly rely — and to their credit be it said, they in general do so — upon the opinions of the medical witnesses. How important then that these opinions should be enlightened and well founded. On the one hand, the right of the plaintiff to redress, as far as money can afford it, if he has been wronged; on the other hand, the fortune, and what is infinitely dearer, the reputation of the defendant, are at stake. Take a yet more important case, a trial for murder where the verdict turns upon the question whether the deceased came to his death by poison, or whether a wound was mortal, or whether the defendant is insane — and the life of a fellow man hangs upon the words that fall from the physician's mouth And these are not uncommon cases, nor are they a tithe of those that depend mainly upon medical testimony.

Having thus attempted to define what is meant by Medical Jurisprudence, and to give some idea, however faint, of its importance, let us turn for a moment to its history.

It might be supposed from what I have said, that this science is as old as society itself; for as medical testimony must have been needed as soon as there was law, it is natural to think that the science of forensic medicine is coeval with the institution of courts.

This idea is not wholly without foundation, and hence one of the most eminent writers upon the subject finds traces of the science in a very high antiquity. But the same writer is compelled to admit that "all the laws of the ancients, and all the facts drawn from their history, are to be considered as the first glimmerings of knowledge on this subject — and knowledge, too, founded on the imperfect diagnostics which medicine afforded at that early period." This is undoubtedly true, and it is equally true that it was not until a comparatively recent date that the science received any great development and became a distinct branch of medical and legal study.

The causes of this delay are not of difficult solution. There is in the human mind a reverence for antiquity that leads us to gratify our pride by asserting for ourselves or our callings an ancient origin; and there is also a pedantry of learning that displays with exaggerated solemnity, a long list of names of almost antediluvian notoriety. Add to these the spirit of incredulity that is perpetually saying, with Solomon, "there is no new thing under the sun," and we are prepared to understand the inordinate estimate, sometimes made, of the learning of the ancients, and the surprise, not unfrequently felt, at the discovery that a science, or an art, with which we are familiar, is, in truth, comparatively modern. That Hippocrates and Galen were great geniuses and very learned men, it would be both fruitless and unjust to deny; but that they were superior in intellect, or equal in attainment, to the great lights of medical science in modern times, it would be just as absurd to assert.

While I have little sympathy with the boastful spirit that ignores the past and claims all that is good for the present generation, I think the opposite error that rejects whatever lacks the stamp of antiquity is yet more pernicious. Even in government, the most ancient of human institutions, the world has not existed long enough, said Mr. Burke, to discover a single principle of universal and unexceptionable application. In agriculture, one of the oldest of human pursuits, there is scarcely such a thing as a fixed and unvarying rule.

In ethics, and their handmaid law which attempts their practical application — how much remains in a state of painful uncertainty?

In mathematics, even, what great and important problems are yet unsolved; while in astronomy and the almost boundless domain of natural history and philosophy, what discoveries are daily made, and how small the sum of the known to the grand and mighty mass of the unknown ?

And is it to be supposed that medicine is exempt from this slow and tedious, but never-ceasing, never-ending, law of progress ; and ought we to feel surprised that what now seems to us the first dictate of reason, was a thing unheard of for ages after ages of our race ?

Let us not then be astonished at the tardy growth of medicine, for the tortoise and not the eagle is the emblem of the march of mind — a fact so humiliating that we would gladly deny it if we could, but that truth compels us reluctantly to admit.

It is not however to the slow process of medical proficiency that the late development of medical jurisprudence is alone to be attributed. The law must come in for a full, if not a greater share of the responsibility. Imperfect as the administration of justice yet is, it is an angel of light compared with a demon, when contrasted with the administration of injustice that prevailed less than two centuries ago. It will scarcely be credited by the uninformed, that not so much as two hundred years have passed away since, throughout the greater part of Christendom, the first step in a criminal prosecution was to place the accused upon the rack to extort by his torture a confession of his guilt ; that the witnesses against him were more frequently examined in his absence than before his face, and were but seldom cross-examined ; that no process was allowed him to compel the attendance of his own witnesses or to require them to testify ; that the merest hearsay, not even delivered under oath, and the confessions of alleged confederates seeking to purchase favor to themselves by the accusation of others, were deemed competent evidence against him ; that while the government was represented by the ablest and most skilful of the bar, the privilege of counsel was denied to the accused ; that the juries were packed by the minions of the State, and the prisoner insulted and brow beaten by both court and prosecutor, when a conviction was desired ; that if nevertheless, the jurors dared to be independent and acquit the innocent, they were themselves liable to unlimited fine and imprisonment ; that even the slight protection of a jury trial was not generally afforded, but, in most countries, a tribunal holding office at the pleasure of a tyrant, made the administration of criminal law the mere instrument of his arbitrary will — and yet such is the melancholy truth and the picture is still but half drawn.

It has long been customary to laud the justice and humanity of the common law of England, and as compared with many codes, it has ever deserved to be highly praised, and yet every one of the enormities I have mentioned was constantly perpetrated by our English ancestors, and most of them less than two centuries ago. Not even the torture is an exception; for although its use was by no means so common as on the continent, and was frequently and earnestly declared to be a violation of Magna Charta, yet it is incontestably established that it was employed when all other means of condemnation were likely to fail.

Now need I ask what room was there for the medical witness in these dens of barbarism, miscalled Courts of Justice? To the government he was unnecessary, for it had shorter and more certain means of conviction than his testimony could afford. To the prisoner, what service could he render, when a confession of guilt had already been extorted by the rack? True, the confession might be false, a self-accusation wrung by agony from suffering innocence; yet, false though it might be, what chance had science to control its effect?

Indeed, so far from wondering at the late development of medical jurisprudence under circumstances like these, the true ground of wonder is, that it had any development at all; instead of condemning the medical man for not being always heard, he is entitled to everlasting gratitude that in such times, and even at his own peril, he was ever heard.

But absurdity and injustice, though tenacious of life, are not always invincible, and humanity and reason, though slow of march, do sometimes reach the goal. The enormities I have named have fled from the temples of Themis, and with their departure, the science of medical jurisprudence, emerging from the obscurity in which it had long lay buried, began, in the healthful air of a pure administration of the law, that wonderful growth that has marked its recent history, and whose glorious result is the imposing stature and beneficent presence it now presents.

It will not, of course, be expected that I should attempt in the limits of an address, what it would take volumes to accomplish, the consideration of my subject in detail. To draw even a general outline of its various departments would require far more time than I have at my command. The single topic, Insanity, is an ample theme for the most elaborate discourse, though nothing were presented beyond the most general ideas. The subject of poisons is yet more prolific. The diagnostics of death by violence are equally fruitful. And these are but a few out of many heads, all of importance, that belong to the science.

I shall therefore devote the few remaining moments of my time to some remarks upon the mode of trying cases involving medical questions; a mode that has sometimes been severely criticised, though, as it seems to me, without sufficient consideration. The objection principally urged is, that our courts, as constituted, and especially our juries, are wholly incompetent to the decision of such questions; that in order to their correct determination the triers should be men versed in the medical art; and that from none others can a true verdict be certainly anticipated.

That courts and juries are liable to err, is too obvious for denial—it is the lot of humanity—and that a jury of physicians would be more likely to decide a medical question correctly, than would be a body of non-professional men, may be also admitted; but it by no means follows from these premises that the present mode of trial is wrong. If medical questions should be tried by medical men alone, upon the same principle, mercantile questions should be tried by merchants, financial questions by bankers, mechanical questions by mechanics, agricultural questions by farmers, and so on to the end of the chapter of human occupations. Now were there no other objection to this idea, it would be quite sufficient to say that it is wholly impracticable. Where is a suitable number to be found of doctors, surgeons, merchants, bankers, engineers, architects, masons, carpenters, founders, jewelers, watch-makers, and others, to try the questions relating to their respective callings?

And if they could be found, is it not quite apparent that a tribunal thus constituted would fail to give satisfaction; that however correct might be its decisions, it would be an object of suspicion; and that however unjust might be the accusation, it would be charged with being influenced, at one time, by an esprit du corps, at another, by feelings of rivalry or envy? But a more complete answer, if possible, yet remains, and that is, that it is not the province of any tribunal for the trial of facts, to decide upon its own individual knowledge. The oath of the juror is that he will decide according to the testimony, and if he know anything that is material to the cause he must be sworn as a witness and be examined as other witnesses are examined. And this is as it should be, for it is indispensable to the correct administration of justice that all testimony, of whatsoever nature, shall be produced in open court, in order that it may be rejected if improper, or explained, rebutted, examined and commented upon if admissible. Were any other course allowed, it would be impossible for any litigant to tell, when the jury retired, what was the testimony in his case, or for the court to tell, after the verdict was rendered, whether it ought to stand or be set aside. The case would, in effect, be tried upon ex parte testimony, mainly, and even that undisclosed except to the triers. But the decision of no tribunal, however pure may be its intentions, that proceeds upon ex parte testimony, or without the argument of counsel, has the least claim to be relied upon. There is no more meritorious institution than that of the Grand Jury, yet how many false indictments are annually presented?

There are, or at least ought to be, no more intelligent or impartial men than our legislators, yet how many unjust accusations may be found in legislative reports?

The reason for all this is not so much any want of understanding, or of a general knowledge of the subject, as the want of that thorough and public investigation that takes place only upon the proper trial of a cause. And this leads me to say that the danger of wrong verdicts is much less than is generally supposed; and when we remember that the court has the power of setting them aside, I think we may rest secure that, except in rare instances that human foresight can hardly guard against, substantial justice will be done. I have never, in a long experience, known a verdict rendered by a jury upon a scientific question, against the clear, decided and unshaken testimony of a respectable body of scientific witnesses. Nor have I ever found a jury incapable of appreciating the circumstances under which a professional man is sometimes called upon to act. Show, for instance, to any honest juror, however illiterate, that a patient must have died, or lost an organ, unless an operation were performed, and that there was a possibility of benefitting him by an operation, and he will never be unreasonable enough to condemn the surgeon who performed it because its success was not infallible. On the contrary, he will honor the conscientious and self-sacrificing spirit that prompts the discharge of a duty, which, if attended with success, may perhaps never be known, but which, if unsuccessful, may be blazoned to the world and afford a ground for unjust reproach.

For these and other reasons that might be added, I am satisfied that the present mode of trial is substantially correct, and that the idea of a trial by experts is altogether impracticable, and were it not so would in general be found inexpedient. That there is room for improvement of the present mode, I am quite ready to admit, but that it will, or ought to be, radically changed, I do not believe.

In conclusion, let me say that the future of Medical Jurisprudence is the future of medicine itself, for the law no longer interposes any serious obstacle to its improvement. In every court now, upon a medical question, the physician is a welcome witness. His opinion is sought with eagerness, listened to with respect, considered with care, and when he and his brethren unite in their judgment, they, in effect, decide the cause.

To you, therefore, gentlemen of the Healing Art, will hereafter belong the chief glory of giving to this science additional lustre and making it yet more beneficial to mankind, as upon you will rest the chief responsibility should it ever unfortunately fall into disgrace. Yours is a most noble calling—to be the ministers of health and its consequent happiness to your fellow men; and to be the ministers of justice, as you are, when by your ability and learning, you detect the guilty or shield the innocent. In the fulfilment of this mission you have the sympathy of every true lover of his race, and what is of far more value to a right-minded man, the consciousness of having meant well and deserved well in his career of life.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

Art. I.—*Treatment of Fevers.*

1. *Continued Fevers*—In the London Medical Society, Dr. Semple read a paper on the *prophylactic and curative treatment of continued fevers*, the more practical portion of which, together with the debate thereupon, is extracted from *The Lancet:*

In reviewing the remedies employed in the general treatment of fever, blood-letting, which was formerly so strongly recommended, was now contra-indicated, in consequence of the alteration which had taken place in the type of disease, although, so lately as 1830, bleeding was practiced in fever with success. Putting the lancet out of the question even leeches and cupping-glasses must be used with great caution in modern practice; and it must be remembered that any mode of depletion was less easily borne by patients in a hospital than in private practice; because in the former, the lowering influence of the poisoned atmosphere affected the vital powers, and tended to produce collapse.

Mercury, which was once extolled as a remedy in fever, possessed very little power over that disease, although in former years it may have been efficacious; and it was an error in modern practice to adhere to the routine custom of giving mercury in this and other diseases, when experience has shown that this mineral, indiscriminately employed, is more injurious than beneficial.

Quinine, which is a very valuable remedy in intermittents and remittents, could not yet be said to be equally efficacious in continued fevers, at least not in cutting short that disease; and the treatment, by large and frequent doses of this alkaloid, had not been found so successful in other hands as in those of Dr. Dundas, who strongly recommended its employment in this manner. Dr. Semple did not consider this question as finally settled; but he placed great reliance upon the careful observations of Dr. Barclay and Dr. Peacock upon the subject. Purgatives were also injurious when carried to any length in the treatment of fever; for they always tended to produce depression, even if, as by irritating the inflamed bowel in typhoid fever, they were not positively mischievous. The mildest aperients should therefore be employed, and amongst the best of these were small doses of castor oil.

Typhus and typhoid fevers, as they were different in their nature required different methods of treatment. In the first, the tendency to depression must be combatted by wine, brandy, carbonate of ammonia, and other cordials and stimulants; and to relieve the head symptoms, the head should be shaved, and a blister applied to the nape of the neck; in the second, or typhoid fever, the necessity for stimulants at first is not so obvious; but the inflamed and irritated bowel should be an especial object of care, and constipation and diarrhœa, which may alternately prevail, must be met by appropriate treatment; the former by mild mercurials and alteratives; the latter by astringents, opium, and acetate of lead.

The prophylactic treatment of fevers was even more important than the curative, for when a fever was once established its issue was doubtful, and its treatment difficult. Typhus fever was certainly the most contagious, while typhoid arose from local or endemic causes. The establishment of fevor hospitals he (Dr. Semple,) regarded rather as a necessary evil than as a positive good; they certainly diminish the danger of this disease in the localities from which the patients were drawn, but they spread it in the hospital itself; and probably the best hygienic treatment of fever was to isolate the patients, if that could be accomplished, by placing them in situations which were airy, clean, well ventilated, and remote from one another.

Mr. Harding did not agree with the author, that writers on fever had not altered their opinions since 1830. He believed they had; and the type of disease had not changed. Synocha in that year was almost unknown; and he had seen scarcely any cases since. Synochus, on the contrary, was more common both then and now. Bleeding was resorted to, because at first the disease was inflammatory; but collapse soon followed. Experience showed that this collapse was more to be dreaded than the inflammatory state; and we then came to treat the complaint on the expectant principle. The change of treatment was the result of experience, and a better understanding of the disease, and was not due to a change in its type. With respect to cases not doing well in hospitals, he thought this was due to the fact that the sufferers were among the lowest class of persons, who had been enfeebled by privations. The fact however, applied more particularly to *general* than *fever* hospitals.

Dr. James Bird had observed the difference which had prevailed in regard to the treatment of fever during the last thirty-five years, and considered that the substitution of a mild form of treatment for depletion was not due to a change of type in the disease, but to our improved knowledge of its pathology. He did not agree in the division of Dr. Jenner of fevers into typhoid and typhus as being essentially different; and considered that patients laboring under typhoid fever might, by the emenations from their bodies, under depressing circumstances, generate typhus.

Dr. Thudichum referred to the researches of Pettinkoffer as to the causes of typhus in Munich and other German cities, which he had found to depend on decomposing fæces and urine, the drainage in that and other towns favoring the percolation of the excrement and urine from the soil. He referred to the fact, that in typhus the fæces have an alkaline reaction, whilst, under circumstances, the reaction was acid. The urine also contained large quantities of urea. He suggested the use of the phosphoric acid, in the proportion of two drachms to half a pint of water, in cases of typhus.

Dr. Camps referred to the influence of decomposing animal matter generally on the production of typhus, and mentioned two or three cases in point.

Mr. Edenborough believed that the type of the disease had altered to a great extent during the last twenty-nine years. The stage of collapse was not so marked then as at the present time. Depletion could then be resorted to, to a greater extent, and with greater benefit.

Dr. Headland inquired if Dr. Semple had finally decided that quinine was useless in cutting short typhus, or typhoid fevers; the two objections which had been raised to its administration in these diseases, he [Dr. Headland] suggested might be overcome.

The first objection to its use was the dry state of the tongue and skin; the second, the danger of irritating the stomach by the large quantity of quinine required. The first might be overcome by the previous administration of a small dose of tartar emetic; the second, by giving the quinine largely diluted, say with half a pint of water, with the addition of a small quantity of a vegetable acid. He objected to an enema of acetate of lead and opium, as a decomposition would take place.

Dr. Semple, in reply to the observations of some of the speakers, must adhere to the conviction, that the type of disease had undergone a change during the last twenty years, and that he could not condemn the treatment formerly employed, inasmuch as it was applicable to the epidemics of the period. He could not agree with Dr. Bird that typhus and typhoid fevers could be interchanged in any degree; but he believed that they ran their course distinct from each other. He had indeed seen cases which were recovering from typhoid, fall into typhus by contagion, but this seemed to him to prove the non-identity of the two diseases.

ART. II.—*Topographical and Sanitary Observations on the Delta of the Mississippi.* Extract from the Journal of a Tour in America. By R. RUSSEL,* Kilwhiss, Fifeshire, Scotland.

FEBRUARY 14, 1855.

Before reaching Fort Jackson, a belt of trees, perhaps one hundred yards in breadth, occupied both banks along the river. They consisted of willows, elms, alders and fan palms, which last were from six to ten feet in height. Several full-sized and beautiful orange trees, heavily laden with fruit, were growing within the ramparts of Fort Jackson. After passing the Fort, the river is embanked on both sides, and the land is chiefly in the possession of small proprietors. There are a good many orange-groves along the river: the fruit was all gathered, but the dark-colored evergreen leaves relieved the wintry aspect of the scenery. The trees in the swamps are all deciduous, with the exception of a few live oaks; and the willow alone was putting forth its light green leaves.

For thirty miles above Fort Jackson, small rice plantations are very common on both banks. And it is worthy of observation, that these settlements are comparatively healthy for white persons, who in many cases cultivated the crop with their own hands. The cultivation of the rice crop is effected by a very different process from that which is followed in the tidal swamps of Carolina.

Notwithstanding the swampy nature of the country at the mouth of the Mississippi, as already observed, it is more healthy to the white inhabitants than any other part of the delta. The small rice plantations, even in the lower parts of the river, are more salubrious than the sugar and cotton plantations which are under dry culture. Indeed, in hot countries, it seems to be the universal experience that the cleaning and cultivating of rich alluvial lands render these countries more unhealthy than they were when covered with the natural vegetation. The swamps of the Mississippi, Savannah and all other southern rivers, as well as the interior swamps, such as in the Carolinas* were not unhealthy in their natural state; they have only become so since they were brought under cultivation.

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*As a learned and useful laborer in science, Mr. Russel has been highly complimented with public damonstrations and substantial testimonials by his compatriots. The amenity and simplicity of his manners cannot fail to create friendship. During last year, he read an elaborate and much commended paper on the Meteorology of the United States and Canada, before the meeting of the British Association for the advancement of Science.—ED. N. O. MED. & SURG. JOURNAL.

The most satisfactory theory of malaria is that which has been proposed by Liebig in his brilliant chapters on *putrefaction, fermentation and decay*. The miasmata, which produce the various endemic diseases, are ingeniously supposed to exert their virulent influence on the human body by entering the system as gases, and acting on its fluids as a species of ferment. The decomposition of animal and vegetable substances assumes, under certain conditions, very different characters, and gives rise to very different products, which may or may not have a prejudicial influence on the system. It has been generally taken for granted, that marshy grounds are necessarily more unhealthy than dry, and it has been forgotten that numerous exceptions to the rule are found in all countries. The exceptions, however, appear to be all connected by one principle.

Some years ago, I pointed out that it was a well understood fact in Scotland, when some of its inhabitants were very subject to ague, that wet clay soils produced that disease, while wet peaty soils did not. The character of the decomposition of the vegetable matter taking place on clay and on peaty soils being different, the emenations which arise from the former seem to have a deleterious influence on the human system, while the latter are quite innocuous. Indeed, our peat-mosses in Scotland have decided antiseptic properties, which no doubt serve to retard decomposition, and the products of decay are quite peculiar. Among these peculiar products, the vegetable extract that imparts the dark brown color to many of our Highland rivers is well known.

Now, it is rather curious that all the swampy districts which are healthy in the southern States are characterized by the water being colored by this vegetable extract. In the great Dismal Swamp of Carolina, Sir Chas. Lyell says: "The water is transparent, though tinged by a pale brown color, like that of our peat-mosses."† It ap-

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*It is to be remarked that the climate, in the interior of the swamps, is far from being unhealthy. Lumber men, who spend great portions of the year in it, cutting shingles and staves, testify to the general salubrity of the air and water The opinion prevails among them, that the quantity of Pine (?) and other resinous trees that grow there, impart a balsamic property to the water, and impregnate the air with a healthy resinous fragrance, which causes it to be an exception to the usual rule of the unhealthiness of swampy land.—*Dred, a Tale of the Great Dismal Swamp.* By Mrs. Stowe.

†Lyell's Travels in North America, vol. i., p. 1847.

pears that all the water in the swamps of the southern States is of the same character, and it is very probable that the fact of its being so, is indicative of the vegetable accumulations from which it proceeds, undergoing that species of decay which is not an unhealthy one.

Dr. Hooker, in his *Himalayan Journals*, writes: "The climate of Chattuc is excessively damp and hot throughout the year, but though sunk amid interminable swamps, the place is perfectly healthy. Such, indeed, is the character of the climate throughout the Jheels, where fevers and agues are rare; and though no situations can appear more malarous to the common observer than Silhet and Cachar, they are in fact eminently salubrious.

These facts admit of no explanation in the present state of our knowledge of endemic diseases. Much may be attributed to the amount and *purity* (?) of the water, the equability of the climate, the absence of forests, and of sudden changes from wet to dry; but such facts afford no satisfactory explanation. The water, as I have above said, is of a rich chesnut-brown in the narrow creeks of the Jheels, and is golden-yellow by transmitted light, owing, no doubt, as in bog-water and that of dunghills, to a vegetable extract, and probably the presence of carburated hydrogen."

The climate of the southern States of America is in every way the opposite of that of the Jheels, for it is anything but equable; forests abound, and the changes from wet to dry are great and sudden. The only conditions that seem to be common to the healthy swamps of America and of India are large *accumulations* of vegetable matter, resembling our peat-mosses, and the presence of this brown-colored water. Modern geologists have been too hasty in assuming, that the high temperature of the summers on the borders of the tropics is sufficient to prevent the accumulation of vegetable matter, such as is the case in higher latitudes where the natural vegetation in moist situations of one year does not rot away during the next.

Sir C. Lyell supposes the shade of trees is essential to the accumulation of vegetable matter in so low a latitude, 34°, as that of the Dismal Swamp, where there is a deposit of peat from 10 to 15 feet in thickness. But according to Dr. Hooker, accumulation takes place in the Jheels, which are on the borders of and even within the tropics, where there are no trees. In another part of his "Journals" he writes:

"The soil, which is sandy along the Burrampooter, is more muddy and clayey in the centre of the Jheels, with immense spongy accumulations of vegetable matter in the marshes, through which we poked the boat-staves, without finding bottom; they were for the most part formed of decomposed grass roots, with occasionally leaves, but no quantity of moss or woody plants."

In fact, it appears that these accumulations of vegetable matter, which impart the peculiar tinge to the water in the Jheels, have as close a resemblance to our peat-mosses as the different climatic conditions admit of. The decaying process is arrested in both cases, and hence it is probable that this circumstance is the cause of the Jheels, as well as swamps of the southern States in their natural condition, like our peaty districts, being comparatively healthy.

But the cultivation of damp soil, by which it is exposed to the atmospheric influences of a hot climate, invariably gives rise to malaria. Even the first effect of draining marshy grounds is to render them less salubrious than they were in their natural state. For this reason, the Campagna in Italy became much more unhealthy, as Dr. Arnold states in his *Roman History*, after its drainage. As already observed the sugar and cotton plantations, in the bottom lands of the Mississippi, are less healthy than the undrained swampy lands in the lower parts of the delta. The malaria of the rice fields of Italy, and of the tidal swamps of Carolina, is of a very deadly character. The practice adopted in these parts of laying the fields dry at intervals during summer and autumn, and exposing them in a moist state to the sun, seems to favor the production of deleterious exhalations. But as Captain Smith, when referring to the experience of India, very properly contends, in his excellent work on Italian Irrigation, there is nothing deleterious in the mere culture of rice, but in the mode in which the irrigation is managed. Where there is no stagnation of water, the rice fields are not unhealthy. This opinion, I may here remark, is confirmed by the fact that the rice grounds at the mouth of the Mississippi, on which the water is not allowed to stagnate, are more healthy to the whites than the sugar and cotton plantations on the rich alluvial lands.

As we sailed up the river the air was cold, and at night became quite frosty. Next morning, when we landed at New Orleans, the hoar-frost was lying white on the wharves. During the day, however, the sun shone out with great brilliancy, and the temperature was pleasant and bracing. The wintry aspect of vegetation in the swamps of the Mississippi, and the dingy houses of the Crescent city, do not impress one at this season very favorably, after having left so lately gay Havanna and its lovely neighborhood.

* * * Yellow fever makes its appearance almost every summer at New Orleans, and commits great ravages among those who are not natives of Louisiana. The last severe visitation of this pestilence occurred in 1853. According to Dr. Bennett Dowler, the population of the city was 150,000 when the epidemic broke out in June, but 30,000 fled to the country, and up to the 1st of November the aggregate mortality from yellow fever was 8,451 deaths. At no former period did the malady spread so much over the country as in that year; for all the small towns in Louisiana and Mississippi suffered.

If cleanliness would assist in mitigating the ravages of this fearful pestilence, as it certainly does in other epidemics, the city authorities are blameable for the filthy state of the streets. The sewers are open, and the putrid exhalations are very offensive even at this cold season; this state of things is the more inexcusable, as an abundant supply of pure water might be easily raised from the Mississippi, even when the river is low, to sweep the filth of the streets towards the swamp.

NATCHEZ.—At Natchez the features of the country are much changed. At Baton Rouge, 129 miles above New Orleans, the east or left bank of the river is about twenty-five feet higher than the recent alluvial deposit, and belongs to a different geological formation. This formation consists of a compact silicious clay, containing fresh-water shells of the same species as those which are still living. The raised land at Baton Rouge is the first appearance on the Mississippi of the vast plain or table-land that stretches towards the Lakes, with an easy ascent of less, on an average, than one foot to a mile.

At Natchez this formation rises about two hundred and fifty feet above the river, and forms, from being undermined by the river, a precipitous bank of that height, while the west bank is low, and the plantations are protected by levees.

The high table-land forming the precipitous bank at Natchez is broken in the vicinity of the river, as in other northern States, into a series of rounded eminences, by the action of the streams from the interior of the State. The face of the country, from this cause, is somewhat irregular in the neighborhood of Natchez, but it soon becomes less so a few miles inland.

The same formation that is found in the bluffs at Natchez extends for upwards of twelve miles to the east of the Mississippi, and the surface soil over this region is one of the finest for the growth of upland cotton in the southern States. It is upwards of one hundred and fifty miles from North to South, and was originally covered by a magnificent forest of hard wood. The soil is naturally very fertile, consisting of a friable vegetable mould, from a foot to a foot and a half in depth. Indeed, it is one of the richest and most easily cultivated soils that I ever saw.

Rich as these upland soils are when first broken up, they are subjected to certain deteriorating agencies which we hardly know anything of at home. This does not arise merely from the exhausting system of culture that is followed, but also from other circumstances. As was formerly mentioned, the sub-soil is a compact sandy clay, which does not crack with drought, and is little pervious to air or water, and for this reason, perhaps, it is not genial to vegetation. Now it must be remembered that the most of the rain in this region falls in heavy thunder-showers; indeed, from three to four inches of rain sometimes fall in one prolonged thunder-storm. The beautiful surface soil is rendered loose and free by cultivation, and these deluges of rain surcharge it with water which cannot descend into the sub-soil. At length the water bursts in torrents down the slopes, and carries large quantities of the earth with it into the streams, and thence to the Mississippi. Thus the land would suffer more waste under fallow than under crop, for vegetation assists in checking the destruction.

From Natchez to Washington, a distance of six miles due eastward, the most of the country is irregular, and all the sloping land is ruined, for the fine soil has been as completely carried away by washing, as if it had been dissolved. Little remained but the subsoil, which is almost as unproductive as the pine barrens of Carolina.

Almost everywhere in America the quality of the soil is indicated by the kind of trees which grow upon it. The first settlers found these uplands covered with a magnificent forest, consisting of liquidamber, elm, ash, white and red oak, cherry, magnolia, mulberry and the wild grape, as well as now and then a solitary pine. The greater part of this fine forest is cleared away, and the land is now under cotton cultivation, or abandoned as exhausted. Here and there, however, a patch of the original forest is to be seen to attest its former grandeur. When the land is first cleared and the brushwood burned, the stumps are allowed to stand until they moulder by natural decay. By the slightest scratching with the plough, this virgin soil has in many instances been taxed with from fifteen to twenty crops of Indian corn or cotton in succession.

Not only is the exhaustion of these soils exhibited in the inability of the land to produce cotton or Indian corn, but the oak, the magnolia, and the other broad-leaved trees that flourish on these soils in their natural state, no longer find those conditions which are favorable to their growth. It is a curious fact, that if the primeval forest is cut down, and the soil is not wasted by washing or cropping, the same trees will again spring up and occupy the ground. But it is still more curious, that totally different trees make their appearance in all cases in which the land has been exhausted by tillage, and afterwards abandoned to nature. In the latter case, the pine and crab-oak alone occupy the ground. These facts are directly opposed to Decandolle's theory of rotation of crops. The substitution of the pine for the oak and magnolia in the exhausted soils of the Natchez uplands is evidently owing to the altered physical condition of the soil.

Horticultural experience favors this view of the matter. Fruit trees do not thrive well on those exhausted soils, and this cannot be ascribed to mere sterility, for the apple tree flourishes and produces abundance of fruit on the granite gravels of New England, which would certainly be too poor for cotton, though the climate there had been as favorable as in Mississippi State. It is probable that the ungenial nature of the subsoil, arising from its close and compact nature, cannot maintain the magnolia and peach in healthy growth, both of which must send their roots into a medium capable of supplying them with sufficient moisture during the torrid heat of summer. I was informed that neither the peach nor any other fruit tree would thrive on the exhausted soils, however well they were manured, unless the ground was cultivated by the plough or the spade. If the cultivation is neglected, many of the leaves drop off during dry weather; and in no long time after the rains again set in, the fruit becomes quite dropsical, and falls off too. The same kinds of fruit trees do well on unexhausted ground without any cultivation or manure. These facts all point to the view that I have already expressed: that in these instances it is the physical condition of the soils which determines the particular kinds of trees that flourish on exhausted and on unexhausted soils. The pine, it is probable, evaporates less water than the broad-leaved trees, and it can therefore thrive in dry sandy soils, where other trees cannot. Sir Humphrey Davy, I think, says, in some of his lectures on agricultural chemistry, that plants with glossy leaves do not evaporate so much water as others. Is it because the thick glossy leaves of the live oak evaporate little moisture that we find this the only hard wood tree that grows, beside the long-leaved pine, on the dry sands of the pine-barrens?

ART. III.—*Mental Labor; Its Effects on the Blood.* Read before the Medical Society of London, November 29th, 1856. By THEOPHILUS THOMPSON, M. D., F.R.S., Physician to the Hospital for Consumption and Diseases of the Chest, &c.

The progress of civilization, notwithstanding the incalculable benefit with which it is attended, nevertheless involves many countervailing evils; but it is impossible to direct much thoughtful observation to the present condition of the world, without being impressed with the conviction that, amongst the causes of disappointment associated with modern advancement, there are some which are not necessarily irremediable. Among the subjects for inquiry intimately related to this topic, there are few which are more likely to reward investigation than those which regard the reciprocal influence of mental and physical conditions.

The invention of printing, by the aid of which civilization has been pre-eminently promoted, in giving permanance to acquired knowledge, has so raised the general standard of attainment and taste, that distinction in the walks of literature or science can rarely be attained, excepting by an amount of assiduous labor such as can be endured only by individuals whose constitutions are distinguished by a peculiar combination of physical and intellectual energy. As the number of aspirants to distinction multiplies, sympathy becomes more intense, taste more fastidious, competition more keen, and the craving for intellectual enjoyment increasing with the means for its gratification, an honorable association with the highly-cultivated classes of society cannot be maintained without considerable mental effort. The struggle for eminence in any department of intellectual labor involves a concentration of mind on the special subject, which, if long protracted, is particularly calculated to induce disorder.

The tendency to such concentration, increased by habit, becoming in some individuals almost irresistible, proves seriously detrimental to the mental and bodily health.

Whether the continuous exertion of one faculty acts unfavorably by withdrawing the circulating fluid from other organs, and so disturbing the healthy balance, or whether excessive action of a particular faculty exhausts some special material of the blood, is a question which cannot, perhaps, in the present state of our knowledge, be positively determined; but instances of morbid condition thus induced are continually presenting themselves to the physician.

Intellectual, like muscular action, probably involves an expenditure of living material, and introduces a changing series of particles — those which have been used giving place to others, which come with the energy of new life to perpetuate the action. There may be decay from stagnation — there may be waste from persistency, undue haste or intensity, especially in creative efforts. It is only when the function is performed in a calm and equable manner that the equilibrium of expenditure and supply is maintained, and that power is preserved and increased.

Not long since an account-keeper from a large public establishment, where he had been accustomed to work without intermission twelve hours daily, came to my consulting-room almost in tears, saying he was fit for nothing, feeling as though cut off from everything, and as if, when he attempted to fix his attention on any subject, some indescribable influence drew it away — a distressing sensation in the chest, and tingling of skin, as though the bed was full of fleas, often keeping him awake; and his sleep disturbed by frightful dreams. His height was 5 feet 5 inches; weight 129 lbs.; appetite good; tongue natural; bowels regular; urine slightly acid, of good color, its specific gravity 1025, containing a very few small oxalate of lime crystals, and scanty lithates. Pulse 88, not strong; skin moist. There was a strong continuous venous hum in both jugular veins, heard the more distinctly on checking respiration, but not overpowering the sound of the arterial pulse. When he cuts himself in shaving, the blood flows freely, and is with difficulty stanched. Under the microscope, a remarkably small number of pale-colored corpuscles in proportion to the red discs, was observable — a peculiarity which has repeatedly arrested my attention in cases associated with venous murmur, remarkably contrasting in this respect with the condition of blood ordinarily present in pulmonary consumption. Assuming that the relative proportion of pale corpuscles to the red is in phthisis one in ten, in healthy individuals one in fifty, the blood of patients belonging to the class under consideration has appeared to me to exhibit a proportion of about one in two hundred. I am inclined to suspect that this peculiarity is associated with deficient quantity of fibrin — a condition the reverse of that which usually obtains amongst consumptive individuals. But observations require to be extensively multiplied before we can safely venture in this matter to propound a rule.

Some of the evils briefly noticed in my preliminary remarks press with peculiar force on the clergy. Often beginning life with anxious competition for university honors, they pass at an early period of their career into responbsile duty, debarred by conventional rules from many innocent recreations, subjected to unusual restraint of demeanor, restricted to intellectual pursuits which overtax particular faculties, to the comparative neglect of others, and exposed in more than the average degree to the wear of sympathy, it is not surprising that the younger clergy, before their constitutions are consolidated, becomes so often the subjects of bodily infirmity, their nervous system unduly susceptible, and their minds too easily accessible to the delusions of pseudo-science and quackery.

A popular clergyman, of active sensitive mind, aged forty-three, but from his grey hair and general aspect likely to be considered fifty, had been, since he left the university, affected in a great degree with sleeplessness; often for weeks together not sleeping at night more than two hours. He could not refer this inaptitude for sleep to any physical cause. The alvine and renal evacuations were natural, and muscular strength good; but the pulse was rather weak; there was a marked murmur in the right jugular vein, and he complained of deficient intellectual power as respected the suggestion of ideas. I prescribed cod liver oil, and nitro-hydrochloric acid. The pulse improved, and in three weeks his average sleep was five hours a night. I then administered phosphate of iron, with phosphoric acid. In two or three months he recovered a fair degree of health, the venous murmur was scarcely audible, and the sleeplees nights and feeling of mental sterility occurred only occasionally after extra efforts of composition.

n the summer of 1855, after anxiety connected with schools, and claims on his sympathy in consequence of affliction among friends, a relapse occurred. I sent him to the country with injunctions to avoid as much as possible the society of civilized man. He at first gained little ground, being much engaged in discussion with intelligent acquaintances; but on removing to a more secluded spot to vegetate in the open air, his powers of sleep and composition returned.

The nature of ordinary cases of the kind referred to, may be illustrated by reference to those of an extreme character; a sudden shock to the nervous system, whether physical or mental, tending to induce conditions more severe in degree but analogous in nature to those resulting from the slighter, but more continuous series of shocks produced by the wear of anxious intellectual effort and disturbed sympathy.

A few years since, an express train on its way to meet the Queen, ran into another, and many of the passengers were injured. A lady, aged 33, had her head severely wounded, the scalp laid bare, one ear nearly cut off, the teeth knocked in; Mr. Bransby Cooper, who attended her, said she must have had an unparalled constitution not to have sunk. There was no great loss of blood, but she suffered for some time after the accident from hysterical cough, and inability, as she said, to swallow except by sips—became thin and pallid—the heart excessively irritable. These conditions, accompanied with a venous murmur, continued last year, and although materially benefited by the administration of zinc and cod-liver oil, they still continue in a considerable degree. The symptoms in this patient are not fairly referable to loss of blood. Her sister, who suffered from the same catastrophe, lost much more blood; but her subsequent ailments, although presenting slight analogies, were much less severe, and not accompanied with venous murmur.

I would here present a case illustrative of the effects of brain-shock on the blood, which occurred in the practice of Sir Henry Marsh: —*

"A young and beautiful woman in the middle rank of life, highly but self-educated, of great mental endowment, of admirable taste, and strong sensibility and attachment, was unconsciously the one by whose hand a poisonous dose was administered to her sole surviving parent, to whom she was attached with all the fervor and devotedness of a daughter's love. The phial contained an ounce and a half of laudanum; it was given by mistake for a senna draught. When presented to him by his daughter, he tasted it, and said he did not like it, and would not take it. He had not been in good health; it was with much entreaty he was ever prevailed on to take the medicines prescribed. She urged him in terms the most affectionate and persuasive to take his draught; he replied, 'Dearest, you know I never can refuse you anything,' and swallowed it. Three hours passed away before she was aware of her terrible mistake. She was aroused to it by the state of stupor into which her father had fallen, when it flashed across her mind. She found the senna draught which she had intended to have given untouched; she also found the word 'poison' printed in large letters on the empty phial. The shock to her mind was terrific. She became like one insane. All possible means were employed to save the life of the poisoned man, but they were employed too late. He died profoundly comatose at the end of a few hours. From the moment of his last breath a change came over her. She was lost to all knowledge or notice of persons and occurrences around; she lay like a statue, pale and motionless. Food she never took, excepting when it was placed upon her tongue. The only sound which escaped her lips was a faint yes or no. When asked what ailed her, she would place her hand upon her heart. Her extremities were cold. She sighed and shivered frequently, and dosed brokenly and protractedly. To her, the world, and all things in it, were a blank. Tonics and stimulants were administered, air and scene were changed, kind and compassionate relatives and friends tried and tried in vain to rouse and console; she pined away, and nought but a breathing skeleton remained. She lingered on with very little variety or alteration of symptoms for ten months. Before her dissolution she became œdematous. The swelling, soft and transparent, was first perceived in the lower extremities, but gradually progressed upwards. It became apparent on the backs of the hands, along the arms, and ultimately it was universal. All the viscera, spinal, cerebral, thoracic, and abdominal, were patiently and minutely examined. No trace of organic change of structure could be detected. There was a copious effusion of thin transparent serum into every cavity — into every serous tissue. The pericardium was separated from the heart by an abundant effusion. The large amount of the dropsical effusion contrasted strangely with the extreme attenuation. In this case, to repress the increasing dropsy, ovipuncture had been several times practiced, always with relieving effect; even with this deduction, the viscera appeared as it were bathed in water. This poor patient, beaten down in mind and body, breathed her last without a moan or a painful struggle. The mental shock had paralyzed the vital actions, an evidence that, in real life, events do occur which transcend even the highest flights of fiction. An almost total suspension of nutrition, sanguification, and vascular energy characterized this case. The result was universal dropsy consisting in the thinnest serosity."

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* Dublin Quarterly Journal of Medicine, August 1st, 1853, p. 1.

I have known an engraver, after working long and successfully on cathedral drawings, unable to sleep soundly on account of being haunted with architectural lines; but he went out for a walk among the mountains, recovered his capability of sleeping, and came back home "hard as nails."

Another engraver, (whom I attended,) anxiously and continuously engaged in the same department of work, in which he had greatly distinguished himself, became unable to recognize his own house.

A similar impairment of memory, accompanied as in the preceding instances with venous murmur, I have observed in some benevolent and conscientious individuals, inordinately engaged in carrying out some scheme of philanthropy;—in others associated with mental depression, taking the direction of some unsound or narrow religious dogma; and in professional men, worn with the stir and anxiety of life. In all such instances, measures calculated to enrich the blood have proved an important auxiliary to those which have respected mere change of scene and occupation.

The instances specially present to my mind in making this communication are not remarkable for any impairment of digestive function, and the attendant impoverishment of blood seems to be a result of nervous exhaustion. The somewhat pallid cheeks, the languid eye, the venous murmur, are in harmony with the intellectual manifestations, — in some sleeplessness, — inertness. The original writer complaining of a peculiar sterility of mind, and the close reasoner becoming fragmentary and unconnected in his trains of thought.

In all the conditions referred to there is a general analogy, but the special manifestations vary with the temperament of the individual patient. In the active and sanguine, for example, sleeplessness is common, and a more than ordinary readiness to adopt any fashionable heresy in pseudo-science or theology. In persons of a more phlegmatic disposition there is induced great indisposition for exertion, a gloomy view of events, and perhaps a desponding estimate of their religious condition. When, as usually happens, duodenal indigestion is superadded, habitual depression of spirits is common, and oxalate of lime crystals may often be detected in the urine.

The amount of labor which different individuals can bear without such injury as we have described, varies. Indeed, the mere amount is only a part of the explanation—*anxiety, hurry,* and *exclusiveness* of work being more injurious than quantity. Work which is successful, varied and pursued without hurry, although carried to a considerable extent, may be not only innocuous, but useful and even necessary. Indeed, without some degree of intellectual exercise, the body itself would languish. But there is a limit with every individual which cannot be safely passed; and it is the part of the wise man to watch, with a view to counteraction, the earliest indications of exhausting effort.

As respects treatment those measures are most salutary which tend to enrich the blood. Chalybeates are sometimes useful; but in many instances they tend to increase irritability, and cannot, at least at the commencement, be safely employed. A course of cod-liver oil is seldom inappropriate, and this remedy may often be advantageously administered in combination with nitro-hydrochloric acid, especially when the appetite is defective, or the oxalic acid diathesis present. To the subject of the importance of the remedial administration of oils, I am anxious to invite particular attention. About eighty years since, cod-liver oil was largely employed at Manchester in the treatment of rheumatism, but was, after a time, superseded by other more agreeable medicines. The mode of action of the remedy was not then ascertained, and its proper place as a medical agent was not determined. During the last twelve years the value of this medicine in the treatment of consumption has been established. With the aid of the medical press, observations on its effects by different practitioners have been extended and compared, and we have found reason to conclude that its efficacy in consumption depends not upon any specific adaptation to that particular disease, but on qualities which renders it of equal or superior service in other disorders presenting points of resemblance as respects some peculiar conditions of the blood, which the administration of the remedy is specially calculated to correct.*

Change of occupation and scene is of paramount importance. When the condition is not one of extreme exhaustion, an energetic tour is desirable; in the more advanced cases, the disinclination for such an effort being extreme, or the excitability great, such a measure must not be abruptly commenced; perfect repose for a time may then be expedient, and habits of activity gradually adopted. When intellectual work is resumed, many precautions should be observed, The times, amount and method should be regulated, and probably even the posture in which mental processes are carried on. Analysis being with many students best effected in the recumbent posture, and composition while walking. The importance of exercise in the open air can scarcely be over-estimated Indeed, although instances of the class described in this communication occur not unfrequently in persons careful to observe ordinary hygienic precautions, yet there are others in whom an amount of nervous irritability, associated with the other symptoms, may be mainly attributed to a neglect of muscular exercise, the special remedy for nervous excitability.

**Vide* "Clinical Lectures on Pulmonary Consumption." By Theophilus Thompson, M.D., F. R. S. London. 1854. pp. 67–85.

I have for various reasons expatiated on the class of cases associated with venous murmur, and other signs of anæmia or spanæmia —1st. Because they seem to me to indicate an order of succession in the phenomena not generally recognized, pointing to the conclusion that the brain may sometimes impoverish the blood, before the condition of the other organs disturbs the brain. 2ndly. Because such instances of cerebral exhaustion are those most amenable to treatment. 3dly. Because the probable hereditary transmissibility of such conditions makes them of incalculable importance to the community.

It is a common remark, that the type of disease, at different periods, varies. In tracing some past eras of disease, (speaking in general terms,) we may conclude that the plethoric condition, prevalent in the 17th century, gave place in the 18th to gastric congestion. This condition has now ceased to predominate, and we have perhaps entered on an anæmic era—a state peculiarly unfavorable to the manifestation of power and to the production of great men.

For all classes, but especially for the professional, a prudent regard should be had to the probable production and ready aggravation of the anæmic condition from causes associated with the laws of mind. A different training, physical and intellectual, must be adopted by our clergy, if they are to be kept in the foreground of the domain of thought, and to be suffered to direct those energies of social life which it is our part as medical men, to cherish.

As respects the application of medical theories, a wider range of thought should be pursued. The modifications of many prevalent diseases may have reference as much to mental states as to hygienic conditions of atmosphere and diet. Every remediable infirmity is a violation of the law of progress. If medicine is to render to the community a full amount of good, it must be not simply in treating the maladies of individual patients, but in ministering to the conditions which disturb the vitality of the race, and thus, whilst improving our appliances for daily work, remembering that we are enlisted in the service of mankind, we may make posterity our debtors.—*Psyological Journal.*

Art. IV. *Outline of a Hygienic Code for the Treatment of Consumption.* By Benjamin W. Richardson, M. D. Physician to the Royal Infirmary for Diseases of the Chest.

In giving the following rules, Dr. Richardson presupposes their general applicability to cases of consumption in all stages of the disease: in the premonitory stage; in the stage where the tubercular deposition is apparent; and in the next stage, when the local mischief is much further advanced. In the last stage even, though hope is lost, many of the rules may still be rigidly followed out with advantage, for by them the course of the disease may be smoothed, and life, perhaps, prolonged.

The rules are ten in number.

Rule i.—*A supply of pure air for respiration is the first indication in the treatment of the consumptive patient:*

No cozy room with a temperature at 70 deg., with every crevice closed, and with an atmosphere in a dead calm and laden with impurities, should be permitted. A temperature from 55° to 65° Fahr. is high enough. The fire, if one be wanted, should be in an open grate, and every arrangement should be made by which the freest possible current of air should be kept circulating through the room. If the patient is cold, he must go near the fire, and, if necessary, poke it, but he must on no account make the room warm by making it close. Dr. Richardson objects very strongly to stoves of all kinds, to heated pipes, and to every other mode of supplying warmth, except an open fire, as by these means the air is made too dry.

Free ventilation is especially necessary where gas is used. The bed room should be large—including, if practicable, not less than 1,000 cubic feet of breathing space ; and, to prevent any unnecessary contamination of the air, no second person should sleep in the same room, and no light, particularly gas, should be burnt through the night. Two persons in one bed, according to Dr. Richardson, are out of the question under any circumstances. The inclemencies of the weather are not so much to be dreaded as confinement to the house. "I had occasion, some time since, says the author, repeatedly to remark that if, from a few days' rain, the consumptives under my care were confined to their houses, instead of being able to take the daily out-door breathing always prescribed, the aggravation of symptons was always marked and universal. The appetite fell off, the debility became greater, the mind was less buoyant, the local mischief increased.'' Better go out with respirators and mufflers, under ordinary circumstances, than stay in. A muffler, which a patient may make for a few pence, being as good as an expensive respirator. This is made out of a piece of fine wire gauze, cut oval, so as to cover the mouth and nose, and fixed in the centre of a handkerchief, so that it may be tied on like an ordinary comforter, with the guaze in the centre, for breathing through.

Rule ii.—*Active exercise is an essential element in the treatment of consumption:*

Next to a free exposure to air, Dr. Richardson agrees with Drs. Rush, Jackson and Parrish, in thinking that vigorous exercise is by far the most efficient remedy in the treatment of consumption.—"Walking (he says) is the true natural exercise, and the best, for it brings into movement every part of the body more or less, and, leading to brisker circulation in every part, causes a more active nutrition generally. The extent to which exercise should be carried will vary with the stage of the disease, and temporary accidents may for the moment stop it altogether, such, for instance, as an attack of hæmoptysis. But when exercise is advisable, the general rule is to recommend that it be carried out systematically, cautiously, and courageously, and that each exercise should be continued until a gentle feeling of fatigue is felt through the whole muscular system. Violent and unequal exertion of the upper muscles of the body is unadvisable. When restored from the fatigue of one exertion, another should be undertaken, and during the day this cannot be too often repeated. If the day be wet, then the exercise should be effected by walking in a large room, or by engaging in some game, such as skittles, billiards, or tennis.

"In summer time, when the temperature of the day is high, the morning and the evening time are the best adapted for the periods of out-door exertion. In the other seasons, mid-day is preferable, as a general rule.

"The value of exercise is three fold. First, it checks waste of muscular structures, for muscles left inactive undergo a consumption, without any necessity for lung disorder. Secondly, it diverts the blood from the lungs, causes a more brisk circulation through them, and a more free distribution through the system at large.—Thirdly, it induces a more free respiration; more oxygen is taken into the lungs, the body is restored to its vital purposes more surely, and, just in proportion as this restoration is effected, so is the restoration of disordered function and of disorganized tissue.

"In the performance of muscular exercise let the consumptive never encumber himself, or check the free movements of his body by strappings, loads of clothes, or carrying of weights, and the like. These are but tasks; they lead to unequal exertion in special sets of muscles, and such inequality of expenditure is that which is to be avoided. The treatment of consumption in an hospital is objectionable, again, in regard to exercise. Of what use to the consumptive is an acre or two of airing-ground confined at the back of his hospital? Let him be certain that where the gardener cannot make roses bloom, and peach-trees blossom, no doctor can give to the anæmic cheek a permanent color, to a lost function its uses, or to an impoverished body its once healthy power."

RULE III.—*A uniform climate is an important element in the treatment of consumptives:*

No particular place is recommended for consumptives, but here is the formula for an hypothecal consumptive Atalantis. "It should be near the sea coast, and sheltered from northerly winds; the soil should be dry; the drinking water pure; the mean temperature about 60 deg., with a range of not more than ten or fifteen degrees on either side. It is not easy to fix any degree of humidity; but extremes of dryness or of moisture are alike injurious. It is of importance in selecting a locality that the scenery should be enticing, so that the patient may be more encouraged to spend his time out of doors in walking or riding exercise, and a town where the residences are isolated and scattered about, and where drainage and cleanliness are attended to, is much preferable to one where the houses are closely packed, however small its population may be."

Rule iv.—*The dress of the consumptive patient should be adapted to equalize the temperature of the body.*

Rule v.—*The hours of rest of the consumptive patient should extend from sunset to sunrise:*

This rule, in Dr. Richardson's opinion, is imperative for many reasons. "First, because in all seasons the actual amount of rest required by the natural man is pointed out with the precision of an astronomical law by the course of the sun. In midwinter men require, for physiological reasons, more sleep than they do at midsummer, and just so much more as is indicated by the difference of night in these two periods. Observe how all animals, left to their own natural instincts, obey this law. Secondly, in our present artificial mode of life, we have to extend the day by the invention of artificial lights. But whenever a man shuts himself up in his closet, and makes a little sun out of his gas lamp or candle, he is feeding that lamp with a part of his own breathing store—the air around him. Worse still, the candle can, no more than the man, live alight without exhaling carbonic acid gas, and thus vitiating the atmosphere. A pound of oil burnt in a lamp produces, in burning, nearly three pounds; and every cubic foot of coal gas, rather more than a cubic foot of carbonic acid. The evil effects of carbonic acid on the lungs have been already described. Thirdly, as an artificial light is, by the mode in which it is produced, of necessity injurious, so, on the contrary, the pure sunlight is of the greatest worth in the acts of vitality. What sunlight does in a physiological way is undetermined; but its general influence has long been known and recognized. Plants banked up from the light become blanched, and human beings kept for a long time in dark abodes become the victims of anæmia and scrofula."

Rule vi.—*The occupation of the consumptive patient should be suspended if it is in-door or sedentary; but a certain amount of out-door occupation may be advantageous:*

Among other remarks which naturally arise when speaking upon a rule such as this, is one which deserves considerable attention. It is this: "In the case of parents having children of a consumptive tendency, therefore, the greatest care should be taken to obtain for them out-door employment. But here a serious delusion comes into play. If the child is weakly, the fond parent urges, that it is unfit for hard labor and for out-door vicissitudes; so it is sent to a tailor or shoemaker, to a clerk's office, a draper's shop, or to some occupation of an in-door character; by this grand, ignorant and fatal mistake, it is added to the list of the two-thirds who swell the tables of consumption cases."

Rule vii.—*Cleanliness of body is a special point in the treatment of consumption.*

Rule viii.—*Marriage of consumptive females for the sake of arresting the course of the disease by pregnancy is morally wrong, and physically mischievous.*

Rule ix.—*The diet of consumptive patients should be ample, and should contain a larger proportion of the respiratory elements of food than is required in health.*

Rule x.—*The medicinal treatment of consumption should in the main be of the tonic class:*

There is no doubt, as Dr. Richardson says, that the public expect to be cured by pills and plasters, and not by a series of instructions tending to bring men into obedience with the laws of nature, and therefore much credit is due to him for constructing this sanitary decalogue, even though subsequent enquiry may lead him to modify some of its articles.—*Journal Public Health.*

Art. V. *Moral Insanity*—Huntington.

The financial achievements of Huntington in the city of New York, his subsequent trial and conviction for forgery, recently so exercised the excitable metropolitans, that but for the opportune slaying of an unfortunate doctor, under mysterious circumstances, which furnished a new pabulum for their excitability, and sent their perturbed and hurried spirits in a different direction, all Gotham, with no inconsiderable show of reason, might have been called to the bar of the entire public to answer the charge of moral insanity. They are now mad as a March hare in the murder case, and Huntington is forgotten. The types employed in converting him into a hero, leaped from their forms, and are now engaged in contributing to the storm of a new mania.

The memoirs of Huntington commence in the stereotyped fashion, as "born of poor but respectable parents," it being always taken for granted that wealth, however acquired, insures respectability. We are informed that his ancestors, both direct and collateral, had generally enjoyed good health, but that some of them went mad in old age, etc., etc.

Huntington, it is stated, took to lying when quite an infant—indeed, was a distinguished liar from his earliest years. His father flogged him severely for this little vice, and young Huntington abated it so far as to devote a portion of his time to stealing. Flogging was again in requisition, but when our young hero had attained his 16th year, he was given over as incorrigible. His father was a dealer in furniture; and when the son was about 27 years of age, we find him in New York with a furniture establishment, upon which he contrives to get credit for ten times its amount, and blew up, which seems to have been his first effort of indirect stealing. Like most of men who get money by their wits rather than honest industry, Huntington was remarkably liberal. When the proceeds of one swindle were exhausted, he quickly contrived another. The friends that his liberality from one swindle would secure, he never hesitated to involve in ruin, by using them in the construction of his next swindle. Thus was a most consummate scoundrel enabled luxuriously to riot and fatten upon the infamous proceeds of his stealings through a series of years. The earnings of all the widows' and orphans in New York could not have supplied him in wine, segars, fast women and fast horses. Finding the world so easily swindled, he took position in Wall street, and systematized a regular plan of forgery, which for extent and success is without a parallel in the annals of villany. Being at last discovered, he was arrested and thrown into prison. Upon his trial his counsel risked his defense upon the plea of "moral insanity," and the attempt to establish this, by high medical testimony, has given the whole subject a medico-legal interest, and made it the duty of the medical journalist to discuss it.

Chandler R. Gilman, M. D., professor of medical jurisprudence in the college of physicians and surgeons in the city of New York, and Professor Williard Parker, are the principal witnesses. They both testify to his moral insanity.

Dr. Parker states his belief that Huntington was of unsound mind, or morally insane, and bases his opinion:

First, on the hereditary taint.

Secondly, on the history of his actions from his school days to manhood, and from manhood on to 1855.

Thirdly, on his want of sagacity and self-protection in his financial operations—his utter inconsistency in all his actions, his destructiveness and recklessness in his transactions, his supreme folly in the management of his own household; as, for instance, his wife being unwell, he lighted his house and filled it with bands of music, at intervals for weeks, it being his object, he said, to soothe Mrs. H.'s nerves, that she might be able to go to Rockaway.

The Doctor stated further that there was nothing in his appearance or deportment that indicated the malevolent villain or the knave. He seemed a man of very moderate intellect, and as if he would serve for the tool in vice, rather than for the projector of schemes and plans.

The facts in proof in the case clearly establish, in my (Dr. P.'s) opinion:

First, extreme carelessness, profusion and wastefulness in the spending of money; he bought horses, carriages, plate, &c., &c., without the slightest reference to cost, and entirely beyond any reasonable view of his wants.

Secondly, utter improvidence, both as to the preservation of his property and as to his personal safety: he took, so far as appears, no measures to secure or lay by any thing of his ill-gotten gains, as a provision for the future.

Dr. Gilman gives similar testimony. The plea of insanity, however, was not sustained, and Huntington was sent to the peniten tiary. Since the trial, Dr. Gilman has issued a pamphlet of 24 pages, entitled "A Medico Legal Examination of the Case of Charles B. Huntington—with remarks on Moral Insanity." In this tract the case of Huntington is given, followed by twenty-three cases of moral insanity. We take it for granted that these cases are given for two reasons:

First, to show that there is such a disease as moral insanity.

Secondly, to prove that the facts connected with the history of Huntington go to prove that he also was a subject of this infirmity. In a word, that the twenty-three cases are given to prove that Huntington's might be justly regarded as the twenty-fourth.

We propose hurriedly to examine the claims of this conclusion to soundness, and alone by the light furnished us by Dr. Gilman. To do this in all fairness, it is proper that we quote the conversation which Professors Gilman and Parker had with the accused in his cell.

Dr. Parker visited Huntington at the Tombs, as he testifies, in order to form an opinion as to the soundness of his mind. He states he had two interviews with him, which occupied an hour; that he was not introduced to him as a physician; that he found him quiet, and without any apparent appreciation of his situation. Physically, he was delicate; perhaps feeble. He seemed to be a man who was mild and inoffensive in character, without much intellect. The doctor conversed with him freely concerning his crimes, and the infamy they would bring on his family and friends. He appealed to him concerning his children, with a view to create some emotion, but he was entirely unimpressible. No emotion could be excited. Huntington stated that he should commit the same crimes again, because "he could not help it." If the desire came upon him, he must and should yield to it.

Dr. P. then examined into the state of his health, and learned he had suffered much from constipation and hemorrhoids for many years; that a year or two before, he had had the Panama fever; that for years he had had noises in his head, as if from machinery; that he suffered much from sparks before his eyes; that for several years he could not sleep well—rarely more than three or four hours in twenty-four. When asked if he had troublesome dreams, or if his business disturbed him, he replied, "not at all."

Huntington stated he had forged twice before; that it was discovered, and he was let off because it was believed he intended to do no harm. When he went to San Francisco, he left spurious paper, which "he had made," unprotected.

He said he had never gambled; that he had not been dissolute with the women, although such had been his reputation. He did not care for money, and had made no provision for the future.

Huntington was also seen by the writer of this tract on two occasions. At the first, one of his counsel was present; at the second, the prisoner was seen alone. During these interviews the conversation turned on his forgeries and on their consequences to those he had defrauded, to his family and to himself. Upon all these subjects he spoke with the utmost freedom, confessed that he had forged repeatedly, and to enormous amounts, that many had lost or would lose by him, that some of these persons had been involved solely by their desire to assist and befriend him, &c., &c. All this was told with a calm, smiling manner, the details being from time to time interrupted by trifling compliments, inquiries about the news, comments on the weather, and other idle talk. When his attention was strongly directed to the dangers of his situation, his probable conviction, the prospect that in a few months, perhaps weeks, he would be in the state prison, his replies were in substance, "Oh, no! it is impossible! no twelve men can be found who will convict me." But why? "Oh, I never intended to injure anybody." But you have injured many persons. "True, but I did not intend to do any thing wrong." Nay, you know that forgery is a crime. "Oh, yes, but I never intended to injure any one." To disturb, if possible, this impassive state, allusion was made to the distress of his wife and the heritage of shame he would transmit to his children. His replies were in the same smiling, good natured, yet indifferent tone. He was sorry, but it would all come right—all blow over.

While talking on these subjects, the least trifle would divert, and, for the time, engross his attention; from the grief of his wife, the shame of his children, and his own utter ruin, he would turn without the slightest effort to the spots on his dress, the quality of his segars, or any other trifling matter.

Such was the condition of Huntington, and such in part his previous history. On these facts the medical witnesses were required to give their opinions as to his sanity. They both stated that he was insane, or, in other words, that the disease of the brain had impaired both his intellectual and moral nature. Dr. Gilman expressly stating that he had that combination of intellectual with moral insanity which so frequently exists.

We now turn to the cases selected by Dr. Gilman:

Case 1.—A subject of epilepsy, from 8th to 25th year. * * The first moment he is sensible of the approach of his evil hour, he begs to be tied—to be loaded with chains—lest he should commit some frightful crime. "When it seizes me," said he, "I feel that I must kill, must strangle some one, if only a child." His mother, to whom he is fondly attached, would have been his first victim. "Mother," he would shout in a frightful voice, "mother, save yourself, or I shall strangle you." During the attack he has his senses perfectly. Knows that in killing any one, he would be guilty of an atrocious crime. The attack lasts one or two days. When it is over, he immediately cries out, "unbind me—alas, I have suffered terribly, but still I am happy that I have killed no one.*"

Here the patient wanted blood, not money. Huntington eschewed blood, but thirsted for money, and laid his plans with such skill as to be always crowned with success, up to the time he was "tied," without begging for that particular favor. He never, like case the first, shouted to any one whom he beggared, "save yourself, or I will swindle you!"

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* Esquirol, in Hoffbauer, p. 347.

Case ii.—A patient of Mr. Daniel, laboring under disordered liver, without any sign of intellectual aberration, was found by Mr. D. in a state of great excitement. He confessed that while talking with his wife and family, his eye caught the sight of a poker, and he felt a desire to shed blood, which he feared he could not control. He shut his eyes and tried to think of something else, but in vain; when he could bear it no longer, he ordered them with a voice of thunder to leave the room. Had they opposed him, he felt that he should have murdered them all.

This, like case first, wanted blood, not money.

Case iii.—A nurse in the family of Baron Humboldt met her mistress returning home, and, in the greatest apparent excitement of mind, and falling upon her knees, besought permission to leave her service, and to be sent out of the house. On asking the reason of this most extraordinary request, Madame H. was informed that whenever this wretched being undressed the infant of which she had charge, she was, on observing the whiteness of the skin, struck with an instinctive desire to cut it open. Fearing that she might not be always able to resist this terrible propensity, she desired to be discharged. This girl had always given entire satisfaction to her employers, and her sanity had never been called in question. She had amenorrhœa.

Again wanted blood, and like the others, struggled against the temptation. Huntington panted for money, and traveled in advance of temptation.

Case iv.—A servant girl, aged 17, had never manifested any mental disorder; but from her fourth year she had been subject to spasms, which finally degenerated into epileptic fits, which were unusually violent whenever they coincided with the menstrual period. She was guilty of two incendiary acts—a very severe fit occurring previous to the second. The faculty of Leipsic, who were consulted respecting the case, reported that, in consideration of the physical state of the accused, they did not consider it probable that at the period when she committed the incendiary act, she enjoyed the free use of her mental faculties.

Was destructive, but gave no evidence of a desire to enjoy the earnings of others.

Case.—* * * After innumerable acts of malignity and cruelty, she was at length committed to an asylum. There, in reply to interrogatories, she gives the following account of herself: "I never amused myself like other children. I had a fantastical and capricious temper, generally preferred seeing evil done rather than good. I took pleasure in nothing. I have never been regular. The physicians bled and leeched me for this, but it did no good. Six months ago I had severe illness (typhoid fever.) Since then I sleep little—the blood rushes to my head, and the desire of doing evil takes possession of me. I arise at night and go to torment my sister. Once I bit her very badly. Once I told her to bring me an axe to split wood; when she brought it, I tried to split her head open. I have a great appetite; am never able to satisfy it. If I had killed my sister, it would not have worried me at all. I only think of evil. I dream of shedding blood—I could drink it," &c., &c. In the hospital she was the terror of her ward; made many attempts to bite, injure or slay the patients; yet she deplores her condition.

Did not desire the enjoyment of spending other people's money in riotous living.

After this case Dr. Gilman adds, that, "It would be easy to multiply cases of this kind—the books are full of them; but it is unnecessary." We had arrived at the same conclusion, for they in no wise illustrate the case of Huntington, and might as aptly have been quoted to illustrate the "depravity of man," "predestination," or any other theological dogma. Dr. Gilman, indeed, after his fifth case, seems to have a sort of intuitive consciousness that his authorities were availing him little if any, if indeed they were not making head against the conclusion to which he was driving.

But it must not be denied that these cases are justly to be considered cases of real insanity, and, should any one doubt the existence of such a malady, (not a probable contingency,) might be aptly quoted in confirmation. "We are next," says Dr. Gilman, "to prove that this moral condition is to be removed by medical treatment, or, in other words, that it is, like any other disease, cured by treatment." Now follow eighteen cases, going to show that insanity is not always an incurable malady. We have examined them all, not to see how madness was cured by treatment, but with a view of ascertaining whether or not Dr. Gilman, in his research, had been so fortunate as to find a case similar to that of Huntington, which had been cured by treatment—we mean medical, not legal treatment, for we intend ourself to add one, analogous to Huntington's, cured by legal treatment, and the memory of our readers will supply them with similar cases not recorded in the books.

Case vi.—But first going to show the curability of insanity. A girl from 14 to 17 years of age, subject to paroxysms of insanity. Had never menstruated. * * She made some attempts at suicide, and once threw herself on her mother, armed with a knife, evidently eager to shed her blood. When the paroxysm was at its height, blood would flow from the mouth, nose, or even the eyes; then followed tears, a general trembling, coldness of the extremities, cramp-like pains in the limbs, poignant regrets, followed by a long period of depression. This state continued many hours. Sometimes in her paroxysms she would roll on the ground, beat her head against the walls or the furniture, or strike herself with her fists. Her countenance, habitually very mild, became hideous; her face, ears and neck were deep red; her head burning hot; the feet cold. The paroxysm over, she became mild, begged pardon of her mother, whom she overwhelmed with marks of tenderness. When remonstrated with, she wept and said, "Why was I made as I am? Would that I were dead — wretch that I am. I cannot control myself when I am in my rage. I see nothing, and know not what I do."

She often did not remember circumstances that occurred during the paroxyism, and denied with surprise and regret what was told her. At seventeen, her courses appeared. Soon there remained not the slightest trace of the evil propensities by which she had been so long tormented. She never had any appearance of intellectual aberration.

She wanted blood.

Case vii.— * * * More than once, a few minutes after having embraced his mother, his face would flush, his eyes sparkle, and he would scream out, "Mother, save yourself— I shall kill you." Soon after, he would become calm, and shed tears. One day he met a Swiss soldier, to whom he was unknown. He sprang on him and tried by force to seize his sabre to attack him with it.

Case viii.— Tempted to kill her two little daughters.
Wanted blood.

Case ix.— Seized a hatchet and attacked his wife with great fury.
Wanted blood.

Case x.— Son of a barber, strangled his two brothers, and fled from home.
Wanted blood.

Case xi.— Took a great fancy to a neighbor's child — made it presents of toys, &c. One day he threw it in the river.
Wanted blood.

Case xii.— A patient in Bethlem hospital. An irresistible propensity to tear her bed clothes. Said she wouldn't do it if she were not afflicted. This is so common an employment of maniacs as to excite no remark of their attendants.

Case xiii.— Fired York Minster. Knew it was a felony, but wanted to be hanged.
Wanted his own blood.

Case xiv.— Fired at King George III. Did not want to hurt the king, but knew an attempt upon his life was a felony, and he did it that he might be executed.
Wanted his own blood.

Case xv.— Shot Mr. Drummond, mistaking him for Sir Robert Peel, insanely intending to avenge some imaginary injury.
Desired vengeance.

Case xvi.— Walked into a shooting gallery and shot the proprietor. Had nothing against him, but wanted to be executed.
Desired his own blood.

Case xvii.— Cut the throat of a baby she was nursing.
Desired blood.

Case xviii.— Cut the throat of a little niece, for whom she had always expressed especial fondness.

Wanted blood.

Case xix.— A case of homicide — blood.

It is just to Dr. Gilman to say that in many of these cases his object was to establish the error of the court in the case of Huntington, that a knowledge upon the part of the accused that his conduct was criminal, should be regarded as a test of his legal accountability. This decision was erroneous, and Dr. Gilman has very satisfactorily shown it by the opposite decisions in the above cases — by Chief Justice Tisdale, Lord Denman and Mr. Justice Williams. As this silly test obtained in Huntington's case, Dr. Gilman very rationally meets it, and completely overturns it by the cases which he cites. We desire to show, however, that all the cases cited by Dr. Gilman, no matter for what purpose, are genuine cases of insanity, and essentially unlike the case of Huntington. It is the object of Dr. Gilman, not only to show that Huntington was insane, and therefore wrongfully punished, but to prove, first, that there is such a disease as moral insanity; secondly, that it is curable by medical treatment; thirdly, that the test established by the triers of Huntington has very often resulted in judicial murders. The remaining cases given by Dr. G. were decided under this test, and are clearly cases of legalized murder, the sufferers being morally, and therefore legally, unaccontable. Let us be understood. The points above, Dr. Gilman has clearly sustained, but he has utterly failed to establish Huntington's case as one of moral insanity. Had the triers of Huntington, therefore, not adopted this erroneous test, or flatly set aside the medical testimony, Huntington would have been turned loose upon society, to renew his depredations upon it. This was not even to be thought of by practical men. It was as necessary to lop him off society as to amputate a mortified limb.

It might be argued by the sickly sentimentalist and pseudo-philanthropist, that he might have been shut up in an asylum and "cured by treatment," but surely the common sense of mankind would regard such a case as "past all surgery."

We regret exceedingly that men so eminent as Professors Gilman and Parker believed as they did in this case. Their testimony will fearfully increase the number of judicial murders. Judges and lawyers, slow to believe what it is so difficult for a nonmedical man to understand, even the existence of moral insanity, can hereafter overpower, brow-beat and abash an ordinary physician, struggling to save a poor maniac from the gallows. We think we can see the scowl of contempt with which the court will hear the term "moral insanity" issuing from the modest lips of the conscientious medical witness, and see the brazen-faced attorney, as he details to the jury with provoking minuatiæ the long list of Huntington's villianies. How he swept down Broadway in his magnificent curricle and spanking bays, followed by his fast woman in a separate vehicle, "two in hand." The splendor of his lighted halls, the wine, the elegancies, the luxury, the gaiety, that band of music to soothe the delicate nerves of his elegant wife, who, sparkling in diamonds, lay panting for new excitements amid the numerous throng of her attendants. How all this was wrung from the honest industry of the "people," the "hard-fisted yeomanry of the country," and that the great medical luminaries of the land, with their hair-splitting theories excogitated in their gloomy closets, to establish the difference between tweedle-dum and tweedle-dee, had pronounced that a case to be treated with physic—that he should have pills and potions rather than a shaved head and striped breeches, and, finally to attain the climax of his vulgar peroration in the expressive "Bah!" What jury could resist it?

Dr. Gilman has succeeded in making all the points in the case, save that for which all the rest were made—the insanity of Huntington. In making those, this, for the establishment of which they were undertaken, he has clearly demonstrated to possess nothing in common with them, but on the contrary, a case alone—isolated—a central stench, with nothing in sympathy but the surroundings of a kindred scoundrelism.

The case of successful legal treatment which we promised to add, is recorded by Nathan Smith. It is of a young man who had suffered from typhoid fever. Though moral and upright before, the disease had so changed his moral faculty that he subsequently took to stealing; not hesitating to steal from a young acquaintance who had kindly nursed him through his sickness. Finally he was severely punished, when he recovered from his malady.

Huntington, we are informed, suffered from piles. It is possible that this fact, in accordance with Dean Swift's theory of madness, had its influence in determining the conclusion of his medical examiners, and we quote a case in point from that celebrated author:—

> "The other instance is, what I have read some where in a very ancient author of a mighty king, who, for the space of above thirty years, amused himself to take and lose towns; beat armies, and be beaten; drive princes out of their dominions; frighten children from their bread and butter; burn, lay waste, plunder, dragoon, massacre subject and stranger, friend and foe, male and female. It is recorded that the philosophers of each country were in grave dispute upon causes natural, moral and political, to find out where they should assign an original solution of this phenomenon. At last the vapor or spirit which animated the hero's brain, being in perpetual circulation, seized upon that region of the human body, so renowned for furnishing the zibeta occidentalis,* and gathering there into a tumor, left the rest of the world for that time in peace. Of such mighty consequences it is, where those exhalations fix; and

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* Paracelus, who was so famous for chemistry, tried an experiment upon human excrement to make perfume of it; which when he had brought to perfection, he called zibeta occidentalist, or western civet, the back parts of man (according to its division mentioned by the author, p. 95) being the west.

of so little, from whence they proceed. The same spirits which, in their superior progress, would conquer a kingdom, descending upon the anus, conclude in a fistula."—*Nashville Journal of Medicine.*

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

Lectures on the Principles and Methods of Medical Observation and research, for the use of advanced students and junior practitioners. By THOMAS LACOCK, M. D., T. R. S. E., T. R. C. P., Professor of the Practice of Medicine and of Clinical Medicine in the University of Edinburgh, &c., &c., Philadelphia: Blanchard & Lea, 1857, pp. 204. (For sale by Riley & Co.)

This is a neat little volume, which, like Holland's "Notes and Reflections," is designed to teach the right use of reason in medical research. The "*Notes and Reflections,*" emanate from London—this from Edinburgh. The two taken together, therefore, may be regarded as presenting the views of the English and Scotch on the movements of the mind best calculated to avoid sophistry.

In most countries, more attention has been paid to the effort to accumulate knowledge, than to the one, equally important, of separating the wheat from the chaff. Incident, indeed, to an exercise of the process of gathering truth, is the tendency to error. The propriety, therefore, of attempting to guard well those who are about to enter the sphere of Practical Medicine, with reference to such unavoidable contingency, cannot easily be over-estimated. In almost all kinds of research, mistakes, errors, &c., involve consequences very far short of what is found to be true in medicine. An appreciation of this very important truth has awakened in the minds of those who have pioneered the different departments of medical science, some sense of the propriety of suggesting caution. This feeling, near half a century since, induced Sir Gilbert Blane to publish a volume on "Medical Logic." Lately (1851) the Sydenham

Society printed a translation, by Dr. Whitley, of Oesterlen's "Medical Logic." Neither of these works have had the currency they deserved. The latter one is very elaborate, and, perhaps, useful as a book of reference, rather than as a text book for junior practitioners.

The work before us is made up of seven lectures, delivered in the summer of 1856, in the University of Edinburgh. The following are the heads of the Lectures:

1. General principles of Observation and Inquiry.
2. General Method and Objects of Clinical study.
3. Methods of Clinical Examination.
4. On Prognosis, and on the order of succession of Morbid Phenomena.
5. On the due estimate of treatment, or on the management of the case.
6. The Numerical Method of Research in Medicine.
7. The Analogical, Philosophical, or purely Inductive Method of Research.

We see much in looking over these lectures that might be transferred to our pages; and in which the reader, whose ambition it is to make himself familliar with whatever is calculated to advance his knowledge, would feel a deep interest.

There is what is called a practice founded entirely on "*Experience.*" We have our empirical diagnosis, empirical therapeutics, empirical prognosis and etiology. This first and rudest method is that with which the fathers operated, and that upon which we, at the present day, have, in a measure, still to depend. The Aphorisms of Hippocrates were mostly founded exclusively on this, the empirical method; and it is a singular fact, that the large *numerical* returns, with all the advantages of modern science, only demonstrate the truth of some of these aphorisms; still, as all know, there is so much liability to fallacy in obtaining knowledge by *experience*, that it is the part of prudence to invoke other aids. Hear the author on the comparative merits of experience:

> "These statements sufficiently prove the uses and even value of unenlightened simple experience in medical art; but do they prove its excellence? No. Such experience is the most common thing in the world. Every man with opportunities for observing, and a mind for estimating, the relations of the phenomena that come under his daily cognizance, acquires each, in his profession or business, the same kind of tact. The Indian warrior on the trail of his enemy

has not more acute tact in observing and concluding, than the detective police officer in quest of his object of pursuit—the forger or murderer. The common seaman or unlettered shepherd will anticipate far more readily than the experienced statesman the coming changes in the weather; but the statesman has equal tact in his vocation. After a long life spent in the public service, at an age

When old experience doth attain
To something like prophetic strain—

he can anticipate the course of events, and foresee the political storm; and, if vigor of mind be left to him, can guide warily and well the helm of government. Such a statesman was the late Sir Robert Peel—the physician of the sick commonwealth.

"Now, experience has its principles as well as philosophy; for experience *is* philosophy—the philosophy of common sense; and it is well that you should know that these principles are nothing more than the aphorisms, proverbs, maxims, and wise sayings, current in the world. These are the pith and essence of multitudinous experience, professional, moral, domestic, or national, as well as physiological and pathological. In a word, they constitute empirical knowledge. The proverb, to mention a solitary instance, of "Conceit (or the fancy, imagination) will kill, and conceit will cure," is an embodiment of the philosophy of globulistic and mesmeric therapeutics. The acquisition of a certain amount of medical knowledge, by uninstructed daily experience, is equally illustrated by the proverbial saying, "A man is either a fool or a physician at forty."

"What, then, is the requisite conduct for the attainment of the wise experience of which I speak? Simply this; long-continued, sedulous, accurate observation of manifest external phenomena—observation independently of aids, and therefore prompt, because practicable under all circumstances, in which the eyes, the ears, and senses generally can co-operate with the instinctive exercise of the judgment, or common sense, as it is termed. There must be the practiced eye and ear, trained by long use; the practised judgment, trained by careful exercise. All men have not the natural qualities; many want the industry; but to those who have both, experience will afford a power of intuition such as is sometimes really marvellous in its results."

Previously to the days of Sydenham, theory and speculation had assumed a control over the medical mind that led to the establishment of *systems*, arbitrary in themselves, and often not containing a single truth. Such a state of things met with very strong opposition from Sydenham. He was not long in discovering the injurious consequences, and set himself about the work of reform. The following from his pen is instructive:

"In writing the history of a disease, every philosophical hypothesis, whatsoever that has occupied the mind of the author, should lie in abeyance. This being done, the clear and natural phenomena of the disease should be noted—these, and these only. They should be noted accurately in all their minuteness, in imitation of the exquisite industry of those painters who represent in their portraits the smallest moles and the faintest spots."

Such would seem to be a very complete guide to the young man, and he might scarcely think there was room for a further investment of care. What, by such a course of observation would accumulate in his mind, he would naturally suppose applicable to the same disease, occurring in other individuals. In this, he would likely be disappointed. It is a maxim that "no two cases are exactly alike." Individuality and idiosyncracy complicate, to say nothing of more frequent minor causes; and what is worse, no accumulation of evidence, in the present state of science, can provide against errors arising from such conditions. Just here, then, we see the importance and incompleteness of the purely experimental method of research. In chemistry, in electricity, &c., experiments are comparatively conclusive—exhaust, as we regard it, the subject. Where, however, the element of life is added to matter, possessing connections with it that are unknown, and unknowable, and exercising influences over it totally occult, experience comes short, and at best, gives us but limited views.

As rather an auxilary to observation and experiment, we have what is termed the "Numerical Method"—a method by which facts are collected, calculated, compared on etiology, symptomatology diagnosis, prognosis, therapeutics, &c. Experience tells us that a certain event is generally expected to occur under certain circumstances; the numerical method tells us how often it is to be expected. Experience tells us that a certain event will be generally followed by another; the numerical method shows us how often the sequence takes place. In short, the numerical method consists in collecting statistics in regard to the facts, phenomena and events of disease. This method enlarges and corrects our experience, and is one of the most valuable improvements of modern medicine. A relation, for example, has always been known to exist between hemoptysis and tubercle, but it is only since the application of this method that 80 per cent. of the cases of tuberculization is attended with hemorrhage from the lungs. Cholera and typhus fever have the reputation of being connected with various degrees of mortality. The numerical system, however, shows the mortality of the former to be 40 per cent.; of the latter to be 10 per cent.

The following is the author's views on the application of the Numerical method :

1. It is most essential that the observations, facts, or events, be as nearly alike as is practicable. There may be a numerical statement as to two events, *e. g.*, life or death, applicable to the entire number; or the observations may be grouped under subdivisions, *e. g.*, for the purpose of determining numerically whether male or female live or die ; these again may be arranged under ages ; again under employments, diathesis, race, and the like.
2. The number of observations should be considerable. In proportion as they are numerous, and at the same time accurate and comparable, in the same degree the results are trustworthy. As a general rule, it may be stated that the tendency to fluctuation decreases as the intensity of the law approaches unity. For example, there is much less fluctuation observed in the law of mortality from cholera than of that from typhus.
3. The calculus of probabilities supplies the means of correcting errors from a small number of observations. This teaches us that where an event has been observed to happen a certain number of times in a given number of cases, the probability of its happening again is not represented by the actual number observed, but lies between limits somewhat greater and somewhat less than that number ; these limits varying more widely as the number of observations are few.
4. The observations must be scrupulously accurate, at least as to the events or circumstances that you tabulate. In selecting published observations, care must be had as to the capacity and trustworthiness of the reporter. As a general rule, without taking into consideration the merits of individuals or the weight of names, reports from hospitals, or reports made under circumstances such that more than one or two have witnessed the cases detailed, are to be preferred to less authentic facts. But cases of very varying degrees of accuracy or fulness may be used, provided there be accuracy as to the special points tabulated. If, for example, you are investigating questions as to strangulated inguinal hernia, the age, the sex, and whether on the left or right side, may be correctly stated in a case when the duration, the progress, and the termination may be untruly or incorrectly given. Such a case is available, therefore, for tabulation, as to the three points of accuracy, although worthless as to the other statements.

5. The heads of tabulation may be as numerous as is convenient, but the analysis should be limited to heads that are well defined and susceptible of disclosing a law ; for in proportion as the events or phenomena are complex and the heads numerous, the investigation is difficult and its results uncertain. Beyond a certain point algebraic formulæ become necessary, and the necessary calculations are not only laborious, but require a larger acquaintance with mathematics than students are expected to possess.

6. It must always be borne in mind that although the elements are correct, the mathematical certainty of the method applies in absolute strictness to the entire mass of the facts only, and not to the individual instances. In other words, you can not reason more mathematically or absolutely from the general to the particular than you can from the particular to the general.

7. Numerical tabulation and analysis is an art only to be acquired by practice and by imitation of the best models. When applied, the extent of its application will depend, in part at least, upon the extent of the knowledge of the things investigated possessed by the inquirer.

The author insists very strongly on the propriety of *theorising,* and asserts that this is the key with which the most important secrets are unlocked.

"If Columbus had not had a geographical theory of dimly conceived Western lands, and the great kingdom of Cathay, he would never have set forth on his voyage of discovery. Without theory, Harvey would not have unfolded the circulation of the blood. Without a theory the grand laws of the universe would not have been revealed to Newton, and this Newton knew well."

The word "*Theory,*" is very equivocal in signification. Its acceptation as it usually occurs in medical writings, differs in no respect from *hypothesis.* It assumes to account for certain phenomena without any settled evidence of its truth. In a word, it is mere speculation. This is very far from the sense in which the term is used by the author before us—his illustrations of the use of the process already given shows it to differ in no essential respect from what is usually called the "*Inductive*" process. To theorise, according to our author, is to make inductions from facts—to reason on facts.

The mere act of collecting facts is sometimes called the "*Inductive*" process; at other times, authors make this process consist, not only in the gathering together of the facts, but also in the drawing of inferences from them. Elementary writers of very superior merit fail to be clear just here. In what does the process of collecting facts differ from "*Observation?*" or in what does the drawing of inferences differ from the process of the syllogism—from reasoning.

"Induction means, properly, not the deducing of conclusions, but the *bringing in,* one by one, of instances bearing on the point in question, till a sufficient number has been collected."—*Whately.*

Induction, therefore, as a process of inquiry, consists in collecting a sufficient number of facts to form the premises of an argument—

nothing more. The "inferences," or "deductions," or "theories," from these premises involve the process of reasoning. Bacon, if we have not misapprehended him, did nothing more in the Organon than to suggest the method of perfecting the premises of the syllogism, the syllogism itself belonging to Aristotle.

Medical Notes and Reflections. By Sir Henry Holland Bart, M. D., F. R. S., etc. etc., Fellow of the Royal College of Physicians, Physician in Ordinary to the Queen, and Physician in Ordinary to his Royal Highness, Prince Albert. From the Third London Edition. Philadelphia: Blanchard and Lea, 1857. *For Sale,* by Riley, & Co.

The first edition of this work was republished in Philadelphia in 1839, and so received by the profession in America, that the author has been induced to prepare a third edition somewhat altered and enlarged in form.

In the former editions a few chapters were included on Psychological subjects—the mutual actions and relations of mental and bodily phenomena, which constitute the life of man. These chapters have been excluded from the present edition, and placed in another volume entitled, "Chapters on Mental Physiology." This has led the author to supply their place with others more nearly allied to the scope of the work.

The chapters in the first part of the volume relate mostly to pathological principles, and the author has sought to associate these in a manner more natural than what usually obtains in our systems of nosology. The chapters comprised in the latter part of the volume relate more especially to the treatment of disease, "including under this term not solely the consideration of particular medicines or remedial means, but also the methods in practice which a physician may expediently follow and the duties he is bound to fulfil."

These "*Notes and Reflections*" appear to be founded on the private practice of the author for a period of thirty-six years. They are not presented as furnishing the same striking conclusions as those drawn from hospitals, or those from the statistics of medicine, and which are so fruitful of results, but as embodying the views and reasonings of a prolonged experience.

The work is made up of thirty-one chapters, which occupy nearly 500 pages.

The chapter on "*Medical Evidence*" is the one with which the work is commenced. Did our space permit we should like to transfer it entire to our columns. Nothing that we have seen lately, takes so philosophical and comprehensive a view of medical evidence.

The subject is one of those which lays at the very foundation of success in every department of medical inquiry, and there is no place where the capacity of the medical man is so easily tested as with reference to the estimate he places upon the import of the phenomena continually passing before his mind.

There can be few better tests of a sound understanding, than the right estimation of medical evidence; so various are the complexities it presents, so numerous the sources of error. The subjects of observation are those in which Matter and Mind are concurrently concerned;—Matter under the complex and subtle organization, whence vitality and all its functions are derived; Mind in its equally mysterious relations to the organs thus formed;—both subject to numerous influences from without, both undergoing very various changes from disease within. Individualities of each have their effect in creating difficulties, and these amongst the most arduous which beset the path of the physician.

Few cases occur strictly alike, even when the source of disorder is manifestly the same. Primary causes of disease are often wholly obscured by those of secondary kind. Organs remote from each other by place and function are simultaneously disturbed. Translations of morbid action take place from one part to another. Nervous affections and sympathies often assume every character of real disease. While remedial agents are rendered uncertain in effect by the various forms of each disorder, by the idiosyncrasies of the patient, by the difficulty of securing their equal application or transmission into the system, and finally by the unequal quality of the remedies themselves.

While such troubles lay in the way of the medical man, and embarrass his movements, they nevertheless, as has been suggested, confer upon medicine its highest character as a science. Legal evidence or the evidence connected with physical science in its more simple material forms, is easily appreciated, when compared with that presented to the physician. The introduction into an organism of the principle of life, produces a new world of relations, occult and complex in their nature, and often totally incapable of being resolved. Besides, when disturbed by disease the liability to error is increased a thousand fold. What embarrasses the physician also embarrasses the mass of mankind. Indeed, it is the want of this right understanding of medical evidence that renders the people, "so prone to be deceived by imposture of every kind, whether it be the idle passion as to particular remedies,—or the worse because wider deception of some system professing to have attained at once what the most learned and acute observers have labored after for ages in vain."

What else than the want of a proper qualification to appreciate the evidence connected with the effects of drugs is it that makes physicians themselves report so sanguinely on the effects and causes by agents only put a few times on trial. Conclusions of such a character require for confirmation a long average of cases, carefully selected and freed from all chances of error and ambiguity. Let any one conversant with the history of medicine enumerate the inert and useless drugs that have had reputation in former times, and the fashions of doctrines and treatment that have obtained at various periods and he will be reminded of the necessity of being cautious in his conclusions. Hear the author on this point:

> Look at what is necessary in strict reason, to attest the action and value of a new remedy or method of treatment. The identity or exact relation of the cases in which it is employed;—a right estimate of the habits and temperament, moral as well as physical, of the subjects of experiment;—allowance for the many modifications depending on dose, combination, quality of the medicine, and time of use;—due observation of the indirect or secondary, as well as direct, effects;—and such observation applied, not to one organ or function alone, but to the many which constitute the material of life. All these things, and yet more, are essential to the completeness of the testimony. All can rarely, if ever, be reached; and hence the inevitable imperfections of medicine as a science. But much more, doubtless, of truth and beneficial result might be attained, were these difficulties rightly appreciated, and the fit means of obviating them kept more constantly in view.

A great source of error is the imperfect knowledge we yet possess in regard to the office of important, or to say the least, prominent organs. Although known in its most minute anatomy, the liver still offers many problems not yet solved in regard to its functions and their relation to respiration. Two of the leading physiologists of the present day, Leibig and Bernard, are here at issue. The same may be said in regard to fever, whether symptomatic or idiopathic in kind—to the doctrine of inflammation,—to the history of contagious diseases, to the *action* of remedies, etc., etc. Add to such the ambiguity of language used in descriptions, the false maxims which have obtained currency, and the artificial classifications which are adopted for the want of better, and some conception may be experienced of the investment of care, patience and skill, which the vocation of the medical man requires.

We are very far from having a disposition to over rate the difficulties connected with medical research. Rather would we look at the bright side of the picture. But unless the ground is properly surveyed, and everything included in the calculation, false conclusions and disappointment must be the result of any one however well gifted. While scepticism, therefore, may be regarded as a healthy condition, and calculated to inspire proper caution, the stock of information which has been accumulated by observation and experiment, is such, as not only to show actual progress, but it is calculated to inspire large assurances for the future. Within a quarter of a century Medicine has received an impulse in the way of accuracy and results that has lifted it entirely out of its former position, and closely allied it with the progress of other departments of physical science.

Chapter vii, is "on the Iufluence of Weather in relation to disease." Among the topics discussed in this chapter is *Solar Light*—its influences upon health, etc. No one who has given any attention to the influence which this great agent exercises in all other forms of living organization, can doubt for a moment its powers, however occult these may be in our present state of knowledge, to vary by its absence or presence the state of human health. We have long suspected its absence as being concerned in the production of no small share of the bad health that usually falls to the lot of those who spend most of their lives within doors. The following is suggestive:

> Dr. Reid, of Edinburgh, has inferred from experiment, that the effects produced by an atmosphere loaded with excess of carbonic acid, are more speedily removed when the patient is placed under a strong light, than when merely brought into fresh air. In conformity with this, it has been found that there is greater proneness to disease in those parts of crowded buildings, such as barracks, from which light is most excluded; a fact of which Sir James Wylie's experience in Russia affords some striking examples.
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> When the first edition of this volume was in press, the discoveries of Daguerre and Talbot had just been announced. In the short interval since, photography has become an important branch of experimental knowledge, as well as a refined and beautiful art. The enlargement it gives to our views of the chemical agency of light, is the great feature of this discovery: but extended as the research has since been, it may be said to unfold other new conditions of this great agent (*lo ministro maggior della natura*) both in regard to its

own constitution, and to the ponderable forms of matter on which it acts.

The term *unfold* has more peculiar fitness in this case, where modern science has disclosed in the solar spectrum not only three primary rays of color, wrapt within each other in different proportions, but also calorific rays, and others of chemical action, similarly diffused, in varying ratio, over the whole spectrum, and even beyond its visible boundaries;--and yet further, an interlacement of dark lines (some hundreds of which have been distinctly noted,) fixed, invariable, and originating apparently in the source of light itself. This complexity of parts in the single beam becomes yet more wonderful when looking to the character of those movements in space and time, which may be said to form the essence of light, as far as it is cognizable by us;--physical conditions which man has found means to express by numbers, but which the hardiest conception is unable to follow in thought.

The author has some very valuable hints, for as yet they must be regarded merely as hints, on the agency of the *atmosphere* in the production of deviations from the standard of health The remarks are ranged under the following heads : The *temperature* of the air ; its *hygrometrical* state ; its *weight ;* its *electrical* state and changes. Health, it may be predicated, obtains, in all latitudes, as a result of a medium state of the atmosphere, while disease depends upon its variations. With respect to the influence of these variations we are yet upon the threshhold of the inquiry. By late research errors that formerly pervaded society and the medical profession, have been to some extent corrected. The temperature of the atmosphere has been regarded as having a very intimate relation to some of our most common and fatal disorders. Consumption has been associated with cold, variable climates. The connections of the disease with the latter condition has perhaps not been dissolved by any new light thrown around the subject. That mere cold, however, where there is no organic diseases, has any tendency to awaken into activity a latent tubercular diathesis is very questionable. Reports show consumption to be confined mostly to temperate latitudes, and of no more frequent occurrence towards the poles than in tropical regions. In Dr. J. Johnson's work on the diseases of Tropical Climates, the error is corrected that hepatitis shows itself more frequent, unless as a sequel to fever, in the plains of Bengal than on the coast of Coromandel. In the plains of Bengal, intermittent fever is prevalent, ten times more so than on the coast. The English having possession of Madras, have instituted observations on the climate of that portion of Hindostan. The singular fact has been revealed that the medium annual temperature is found to be the highest yet discovered on the globe (88 degrees Fahrenheit); that of Calcutta about ten degrees lower.

Cold applied externally exercises a very potent influence over the capillary circulation and smaller arteries; and in this way controls indirectly the action of the heart. By this agent, as the experiments of Poiseville and Magendie prove, several pounds of the circulating fluid may be compelled to assume new positions—a circumstance that of course may predispose to or aggravate existing disease. That, however, as an etiological element, low temperature, has been over-rated, there is little doubt. The practice which so universally obtains of attributing the changes which occur in the course of diseases, to "*catching cold*" may well be regarded as a very fertile source of error.

With the use of cold as a remedial agent the profession is familiar. We see nothing new on the subject by the author before us. Currie led off on this subject a quarter of a century since in the treatment of fever; and while the profession of England and America has been content to occupy a position which is still rather in the rear, a system of quackery has sprung up that has carried the practice beyond every principle of propriety.

The following are some views of the author as it regards cold climates:

> "It is not easy to say exactly how far practice might prudently run in an opposite course. As respects climate, indeed, the commingling of conditions is such, that to prescribe cold climate as a remedy would not only seem a bold anomaly in practice, but an object scarcely to be attained, without incurring other effects, wholly apart from temperature. The recommendation of warm climate has a specious sound, and is in reality perhaps more consonant with the habits and necessities of English life. Nevertheless, though this change be better suited to the greater number of cases that come before us, yet is the recommendation of a colder climate not wholly without sanction in some disorders, and still more as a means of preserving health in particular habits. Admitting freedom from organic disease or any active disorder, two or three winters of Canadian life will often do more to invigorate a languid habit, than the same seasons passed on the warm shores of Nice, Naples, or Palermo."

The chapter on the Medical Treatment of Old Age abounds in practical information, not only as it regards the changes made on the organism by age, but also as it relates to the use of medicines. Advanced age, as all know, alters essentially the structure of all the tissues of the body. The heart continues to grow throughout life, but most of the glands, the muscular and nervous tissues, become impaired in function and more or less atrophied. The most knowledge we possess with reference to the action of medicines under such circumstances, point only to degrees. Certain states, however, of the nervous centres imply an absolute qualification. The following on the use of *Opiates* may, to the young practitioner, prove instructive:

> "Many of the foregoing remarks are applicable to general practice; but I specify them here as comprising the principles which may best regulate the use of depleting remedies in old age. Another important question regards the employment of Opiates at the same period of life: nor is this without its peculiar perplexities. Besides the modifications which are required from the different relation of years to bodily powers, and those further made necessary by the various idiosyncrasies as to opium, we have another speciality in this part of treatment from the changes which the functions of the brain, and often even its obvious texture, undergo in advanced age. Some of these changes are of a nature to render the action of opiates ambiguous at least, if not in many cases distinctly hurtful. The vague dozing state, which steals gradually upon the aged, and, without any acute disease, seems in the end to turn life into a mere dream—this state expresses an altered condition of the brain and nervous system, in which narcotics probably quicken the change and render it more complete. Happily these are the cases in which they are generally least required. The state in question is a benign dispensation to the extreme term of life; expressing a gradual change without suffering, and rarely coming within the proper scope of medical treatment, unless there be some sudden passage into what is obviously a condition of coma. And even where other organs are more actively diseased, the sensibility in such cases is often so far lessened, as to supersede the remedies which are necessary at other periods of life to relieve irritation alone."

We here take our leave for the present of this volume. It is really *multum in parvo*—arranged in very good order, and written in fair style. The book is one that should be extensively read. It will prove interesting to the physician of experience, and instructive to the young men who are desirous of laying rightly the foundations of professional usefulness.

The History, Diagnosis, and Treatment of the Fevers of the United States. By Elisha Bartlett, M. D., late Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the University of the State of New York, etc. etc. Fourth Edition. Revised by A. Clark, M. D., Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons of the the University of New York. Philadelphia, 1856. Blanchard & Lea. Pp. 610; 8 vo.

The fact that the above work has already advanced to its *fourth* edition, is sufficient evidence of its popularity and value. Although the first edition was an essay upon typhus and typhoid fever alone, it at once took rank among the best of our standard works on fever. In the subsequent editions were added the history of periodical and yellow fever, until now the work is truly what it professes to be, a methodical and systematic treatise on the fevers of the United States. While the writings of Drs. Bartlett and Gerhard deservedly stand at the head of that class of physicians, in this country, who believe and teach the doctrine that typhus and typhoid fevers are specifically distinct, as specifically distinct as small-pox and scarlatina, as "shown by the difference of their *symptoms, course, duration, lesions* and *cause;*" Dr. Clark, the intimate friend and associate of Dr. Bartlett, and to whom he committed the task of revising this edition before his death, takes an equal rank among that equally large class who believe and teach the essential *identity* of these two forms of disease. Both are experienced in the management of the two diseases, are equally honest and truthful, possessed of great energy and sound judgment, and guided by the true medical philosophy. Dr. Clark's notes and additions are enclosed in brackets, and are by no means the least important and valuable part of the work. We cannot show our own appreciation of the value of the teachings and writings of Dr. Bartlett better than by quoting from the preface written by his eminent friend and editor.

"The distinguished author of this volume had performed his last scientific labor, when his third edition was prepared for the press. Sixteen months ago, (Nov. 1856,) he closed his brilliant professional career, after years of growing bodily weakness and pain; his mind not dimmed by his physical infirmities, but bright and comprehensive, glowing with the memories of the past and the visions of the future. He died too soon for the profession he adorned. * * * The whole profession are his mourners; for conspicuous as he had become by his medical writings, and his extended professional labors;

his acknowledged worthiness, his innate gentleness and modesty disarmed envy. He left no enemies. His mind and purpose were pure, almost beyond example. His high mental endowments were controlled and directed by a considerate judgment and an earnest, benevolent heart. * * * * *

Dr. Bartlett has written wisely on medical philosophy, but perhaps this book on fevers is his true 'Philosophy of Medical Science.' It is the practical application of his own precepts. The question may be fairly raised whether any book in our profession illustrates more clearly the beauties of sound reasoning, and the advantages of vigorous generalization from carefully selected facts. Certainly, no author ever brought to his labor a more high-minded purpose of representing the truth, in its simplicity and in its fullness, while few have been possessed of higher gifts, to discern and gracefully to exhibit it."

The first part, consisting of one hundred and seventy-eight pages, is devoted to typhoid fever alone. The second, of one hundred and sixty-two pages, to typhus, and to the discussion of the question of the identity or non-identity of typhus and typhoid fever. The third part treats of periodical fever, and its three varieties, bilious remittent, congestive and intermittent, and consists of one hundred and six pages; while the fourth part, of one hundred and twenty-nine pages, is devoted to yellow fever; these four, typhoid, typhus, periodical and yellow fevers, constituting all the essential idiopathic fevers met with in this country. The fever known as ephemeral, although idiopathic, he does not consider as an essential *fever*, and should hardly be dignified by such a term, while the relapsing fever of Jenner, both he and Dr. Clark have never seen, and say that if found any where as a distinct disease, it does not exist in this country. Our author gives the first form of continued fever which he describes the name of typhoid fever, "simply because this term is not particularly objectionable, and because it seems to be coming into general use," though afterwards he says, because of the manifest difference between it and the British typhus, he finds it "necessary to give it another name, and hence, in conformity to the example of Louis, Gerhard, Jackson and others, he has chosen the appellation of typhoid fever." Since nearly all writers and teachers of the present day agree as to the propriety of the use of the term Symptomatic Typhoid Fever, as applied to that febrile movement supervening upon and symptomatic of an inflammatory fever, when of long continuance, because of its close resemblance to typhus in *appearance* and, as it seems to us, this name is proper and peculiarly appropriate as expressive of that resemblance, we are exceedingly sorry that Dr.

Bartlett can find no better reasons than the above for continuing to use the term typhoid fever, when applied to the disease he is about to describe. The term typhoid means *resembling* typhus, and should be restricted to that signification. It is thus used in describing the symptomatic fever above spoken of, and it is thus used every day by all physicians, when speaking of the *typhoid* complications and elements of different diseases, as of erysypelas, scarlatina, pneumonia, dysentery, etc. Dr. Bartlett himself uses the term typhoid in this same sense frequently, and we can hardly doubt that he would have chosen the German term, typhus abdominalis, or that of Cullen, typhus mitior, had he not feared this nomenclature would militate against his favorite theory of the essential distinctness of the two diseases. Until this question of their essential identity or non-identity is decided, in all probability the present nomenclature will not be changed, however desirable it may be.

The decision of this all-important question of theorists, depends upon several other questions, which, notwithstanding the amount of talent engaged in their discussion, must still be regarded as *open* questions. The specific difference of the anatomical lesions in the two diseases must be settled, and that too, without making the *diagnosis* turn upon the presence or absence of a particular lesion, discovered perhaps unexpectedly at the autopsy, and which was previously determined on as specifically characteristic of either disease. We cannot avoid the conviction that our author stands in his own light in this respect. He says the characteristic lesion of typhoid fever, "for there is no single one, or even two or three specifically characteristic *symptoms*, always present," consists in the alteration of the elliptical plates of Peyer, varying from the most extensive ulceration of them and perforation of the intestine, to an increased prominence merely, giving them a peculiar appearance very like the newly shaven beard, and always attended with enlargement, with or without redness and softening, of the mesenteric glands corresponding to the seat of the changed Peyer's plates. If this lesion is present, the disease is *typhoid fever*, if not, *not*. A new method of "diagnosis by exclusion," surely! Had he described typhus fever first, and made its no less distinctive characteristic lesion, that of the brain and its membranes, the turning point in the diagnosis, he would have said in the same manner, "if this lesion is present, the disease is *typhus fever*, if not, *not*." In this latter case, many of the cases that he now sets down as typhoid, because of the presence of the abdominal lesion, would be classed as typhus, because of the presence of the head lesion, which he concedes, not unfrequently is found in persons dead of typhoid fever. So now, (there is the very best of authority for believing, indeed we have seen instances ourselves,) many cases of typhus, and these of the worst, or ship fever form, are put down as *typhoid*, simply because of the presence of the abdominal lesion peculiar to typhoid fever! That a distinction is properly made in the two diseases, from lesions that are *generally* characteristic, we admit, but unless they are always present, they will not go far towards proving the diseases to be specifically distinct. As we said before, the method of diagnosis adopted by the advocates of this doctrine will prove it, but we submit that it is not in accordance with sound medical philosophy to diagnose disease in that way alone.

What shall we say of those cases in which there has existed neither typhoid nor typhus fever, without even any typhoid element having been present in their diseases, and yet the so-called Anotomical lesion of typhoid fever is found? A well authenticated case is that of a child who died at Newburyport, Mass. He was well, to all appearances, and had been up to the time when, in the afternoon, he swallowed a quantity of percussion caps. On the evening of the same day he died, and at the *post-mortem* examination there was found as complete and perfect a specimen of ulceration of Peyer's plates and enlargement of the mesenteric glands as ever was seen in typhoid fever. We saw the following case: While at Pittsfield, Mass. in the fall of 1850, we were called to prescribe for a child laboring under an attack of Spurious Hydrocephalus, following a diarrhœa, supposed to be induced by teething. The child subsequently died, and we made the *post-mortem* examination, assisted by Dr. Wilson. Dr. Clark, then lecturing at Pittsfield, was present, and we found the lesion of Peyer's plates, as seen so commonly in typhoid fever; not however advanced to ulceration. Accompanying this were also the enlarged mesenteric glands. It was considered so fine a specimen of the first stage of the lesion of typhoid fever, that Dr. Clark exhibited it to his class. Thus, it seems, we do sometimes have the distinctive lesion without typhoid fevr. We are also equally certain that occasionally typhoid fever has existed when the specific lesion could not be found, though carefully searched for. In deciding upon the question of identity of these diseases, it will become necessary to determine the relation existing, as to cause and effect, if any such obtains, between the lesions of each disease and the febrile movement and symptoms, which, taken as a whole, gives to each its distinctive character and name. The Œtiology of these diseases must also have an important bearing upon, and great weight in settling this question. Although the influence of the common causes of acute diseases is important, and their value ascertained with a good degree of certainty, still the essential causes, the *causæ sine quâ non*, are of much more importance, and as yet, least ascertained and understood. Until these are shown to be distinct and specific, the specific distinctness of the diseases can not be proven by these means.

Already some data are established, which, so far as the relation that exists between the disease and its causes is concerned, appear to us as tending to confirm us in the belief that the two diseases are essentially the same, that they are varieties of one and the same essential and specific disease, and are as closely allied, in all probability, as billious remittent and intermittent fevers are. Both prevail at all seasons of the year, though more common in the autumn and winter ; both are diseases of the temperate zones, though by no means uncommon in every region of country, particularly where periodical fevers do not prevail ; both occur epidemically, though typhus is epidemic more frequently than typhoid ; both are contagious, though typhus being the graver form, is much more so ; a patient sick of either form will communicate the same or the other form of the disease ; a previous attack of *either* affords nearly or quite as complete protection from a second attack of the same, as obtains in either measles, scarlatina or small pox, though ship fever is more apt to occur a second time than typhoid; and, what is more remarkable, a person having had either is as completely protected against the *other* as he is the form from which he has suffered. About one in every fifteen cases of typhoid fever will show the peculiar lesion of the brain and its membranes, exactly the lesion of typhus; and about the same ratio of typhus will exhibit more or less change of the elliptical plates and mesenteric glands, as seen in typhoid fever, exactly. The relative proportion of fibrin in the blood is diminished in both diseases, but less in typhoid than in typhus. Upon this fact, mainly, is founded the theory "which places the primary and fundamental alteration in the blood. We may be justified, I think, in saying that at least this theory has more claims upon our attention, and is more probable, than that of which I have just spoken. It is already demonstrated that, in many cases of typhoid fever, and in other diseases to which it is more or less nearly allied, especially by the common presence in them all of what has been called the *typhoid state,* or the *typhoid element,* in pathology, important and peculiar changes have taken place in this fluid. These changes may have been *primary* and *essential.* There is good reason to think, at any rate, that they play a very important part in the pathology of these diseases. They deserve further investigation, and they ought never to be overlooked ; but their actual relations to these diseases are very far from being ascertained."

Dr. Clark, in a note to the remarks of Dr. Bartlett, of which the above quotation is a part, upon this subject, gives the substance of the views lately expressed by Dr. Parkes, of the University College and Hospital, London. They are as follows :

> "That a subtile morbific agent enters the blood, and changes, perhaps, gradually, its constitution ; that, sooner or later, this changed blood produces a change in the composition of the nerve-centres, particularly those which preside over the nutrition and consumption of the tissues ; then occur, he says, 'the nervous symptoms of weakness, depression, rigors, contraction of some parts and vessels, speedily followed by relaxation, marking the stage of invasion ;' that now muscular and other tissues, deprived of a portion of their innervation, begin to disintegrate, and, by slow combustion, their elements are more or less completely consumed, producing preternatural heat ; that the increased action of the heart and the dilated state of the vessels, depend on changes in the nerve-centres and nerves which preside over these parts, and that this condition of the heart and vessels, in its turn, aids in producing these changes of the tissues ; that in some febrile states, often in typhoid fever, the products of this combustion are not immediately thrown off by the emunctories, but remain mingled with the blood, still further contaminating it ; and finally that the combustion is often incomplete, and 'the partially metamorphosed substances are retained in the body.'

In the closing remarks of the editor upon these somewhat novel points in the theory of fever in general, he says :

> "But if we admit, as everybody seems to be ready to admit, that there may be physical changes in the nerve-centres and in the nerve-tubes, sufficient to produce the gravest alterations in their functions, and yet that our means of investigation do not yet enable us to demonstrate those changes, we shall not be too rigorous in our demand for proofs, and shall, perhaps, be ready to admit that the physiological inferences, the analogies, and the facts adduced by Dr. Parkes, go so far, at least, as to render his opinion probable. Yet, regarding this point, as well as that which has been just dismissed, though it

may not be fair to use the language of Dr. Parkes, and say that we are still in the 'regions lighted only by the dim and treacherous ray of speculation,' we may properly wait for additional facts to confirm these doctrines.

What we have chosen to say upon typhoid and typhus fever will necessarily prevent us from giving more than a passing notice to those parts of the work devoted to the history of periodical and yellow fever, in the present No. of our Journal. At some future time we may notice the third and fourth parts at some length. It is a work of great practical value and interest, containing much that is new relative to the several diseases of which it treats, and with the additions of the Editor, is fully up to the times. The distinctive features of the different forms of fever are plainly and forcibly portrayed, and the lines of demarcation carefully and accurately drawn, and to the American practitioner is a more valuable and safe guide than any work on fever extant. E. L. H.

PART FOURTH.

EDITORIAL AND MISCELLANY.

Meeting of the American Medical Association.

This body is announced to convene in the city of Nashville, on Tuesday, the 5th of May, 1857.

As all know, the Association is made up of delegates from local institutions, members by invitation, and permanent members.

Medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized institutions, of good standing, are entitled to delegates. Societies are entitled to one delegate for every ten resident members; medical colleges, hospitals, etc., are each entitled to two delegates.

Previously to the eighth meeting of the Association, evidence had accumulated that rendered it pretty certain, that there were organizations which had been allowed a representation in the body, which were not disposed in all matters to co-operate. This led, at the time, to the adoption of the following resolutions:

Resolved, That no State or local society shall hereafter be entitled to representation in this Association, that has not adopted its code of ethics.

Resolved, That *no State* or society, that has intentionally violated or disregarded any article or clause in the code of ethics, shall any longer be entitled to representation in this body.

Resolved, That no organization or institution entitled to representation in this body, shall be considered in good standing, which has not adopted its code of ethics.

These regulations, although they may not prove very convenient, to a certain class, are nevertheless founded on prudence and wisdom. Political and religious organizations embrace similar principles.

Every organization possesses something that may be called its constitution, something that serves as a kind of general regulator. The intercourse between medical men is a very important matter, so far even as their own welfare, or the welfare of the public is concerned. There is a number of ways, it has been suggested, by which it may be regulated. One would say, trust to the moral sense of individuals who understand the local circumstances with which they happen to be surrounded. Another would say, we have a "divine code," equal to every kind of emergency; trust to that. In regard to the former of these positions, it may be submitted that we would be likely to have as great a diversity in codes as there are of individual temperaments and moral constitutions. In regard to the latter, it would be a very easy matter to show that it is simply a "sophism of composition." Why not take also the position and argue it, that the "divine code" should take the place, at once, of all political and secular codes?

Medical intercourse, like every thing else, has its peculiarities, and these require special rules. Such have been established, not founded upon the views of a single individual, however learned or able, or of a class of individuals in any particular locality; but upon the views of the good and great of all ages of the world.

The Association has been in existence about ten years, and it might seem proper now to retrospect its influence on the profession, and also to re-examine its transactions and learn what has been accomplished. To do this formally, would involve no small amount of labor, more than at present we have at our command. Throughout the country, it has had the effect to unite the profession, and inspire good feeling. No one has ever attended one of its sessions, without returning home and feeling improved and enlarged in his views; and also with a more exalted opinion of the profession of which he is a member.

The contributions for the decade, would be regarded, perhaps, as large in any country. In quality they may fall short of what belongs to older countries. This, however, will be found to be relative. The papers of the Association, bear scrutiny on Medical and Surgical pathology, on the effects of remedies, and are by no means meagre in the way of original research. In this sphere, however, there is the greatest room for improvement. The amount and versatality of talent, developed by those transactions, show, nevertheless, what may be done here when attention is turned in this direction.

It is an ambition prevalent among us to have a National Medical Literature. Without this, our country, our cities and towns, may figure on maps ; our geology, topography, meteorology, population, medical institutions, &c., may find a record in books, but of the character of our profession, there can be no just estimate, without something in the way of a national literature. The basis of this never can be made to consist in merely making ourselves acquainted with what has been done in other countries, though this is a proper study, and without which a nation would be simply pedantic ; but it must consist in entering the mines for ourselves, and quarrying out our share of the treasures. Three-fourths of the physicians of London knew more, perhaps, of what others had done, than did Jno. Hunter. About that he concerned himself but little. His own researches, nevertheless, gave character to himself, and to his country. The name of Hunter, is now the symbol of English Medical Literature.

CONVENTION OF MEDICAL EDITORS.—The *Southern Jour. of the Med. and Physical Sciences*, proposes that a Convention of "*Medical Editors*," of the American Medical Association, be held at Nashville, during the sittings of the Association.

The following is a summary of the objects to be accomplished:

1st. To indemnify the publishers of Medical Journals against the unreasonable losses sustained on account of the *delinquencies* of subscribers.

2d. To improve the *quantity* and *quality* of *original* communications.

3d. To take into consideration the subject of *advertisements.*

The remedy for the first of these troubles, we should like to see. It is an affection that is more general than might be imagined. Fully one-third of all connected with medical journals as subscribers, sooner or later, take the "*delinquent fits;*" and the malady once contracted, is about as persistent and incurable as epilepsy. Our voice is in favor of "experimenting" a little, at all hazards, and we are ready for any suggestions in this line from Nashville.

With respect to an improvement in the number and character of original communications, there is great room for effort. But how is the object to be accomplished? Time and again we have adverted to this matter in the Journal; and scarcely ever have had an interview with the young men of the profession, without embracing the occasion to suggest what might be done in this way for their own improvement, and the improvement of the profession. Could the fact be generally appreciated, that it is from the sum of such communications, that our opinions on all difficult points are formed, those who are qualified to labor in this line would certainly see things in a different light. It is altogether probable that there are observations enough now, in the hands of the profession, if properly digested and communicated, to settle many important questions. How shall those who can be useful just here, be made sensible of their duty? We are ready, on this point also, for any suggestions.

An impression that exercises a very sedative influence over many minds, is that most all improvements in medicine emanate from seats of learning, large cities and the like. This error is somewhat corrected, when we reflect that a knowledge of many of the most important articles of the materia medica, and many of the important surgical operations have been carried from the interior to the cities, to be incorporated into the common literature of the profession.

Lenticular Cataract — Operation on both Eyes — Unsuccessful Result — By the Editor, Jno. Dawson, M. D.

Case — James Shannon, an *Irish laborer;* occupation, fireman on a Steamboat; general health, tolerable; affected with "*Lenticular Cataract.*"

HISTORY OF THE DISEASE.

This patient made his appearance in the Ohio Penitentiary, in the month of November, 1855. He stated that about 8 years previously he had suffered from an *attack of fever*, and the next year (seven years ago,) he first felt the trouble in his eyes — to use his own language — in the form of "a weakness." His occupation for the entire period of the 8 years, succeeding the attacks of fever, consisted mostly of the duties of a fireman. He stated that sometime previously to the commission of the crime for which he was sent to the Penitentiary, that he had concluded to *quit fireing* on account of the condition of his eyes.

PATHOLOGICAL CONDITION OF THE EYES.

So far as could be ascertained, there was no disease of the retina, of any of the coats, or humors of the eyes, or of the parts auxillary. The trouble was found in the *Chrystalline Lens*. After dilatation of the pupil by belladonna, the lens was found to be opaque from center to circumference. The circumference was marked by radii giving to the opacity the "*stellated*" form; color, yellowish; consistence, firm.

AMOUNT OF VISION PRESENT.

From the condition given of the chrystalline lens, no one would suppose that the patient enjoyed much vision, or was capable of doing more by the use of his eyes than is usual for cataract patients to be able to do; for there is no form of this disease, however intense, that of itself, entirely destroys vision. My own observation led me to believe that the patient could distinguish nothing at all, except in shaded places, and then merely by the light that passed into the eye around the margin of the lens. His statement was, that although he had good reason to believe that he could succeed in getting a pardon from the Governor, he preferred, as he was at the Prison, to stay there, and have his case treated, for, he added, he could do nothing towards making a living for himself if he was out. Before I had seen him at all, the Deputy Warden had examined him, and from the account which the patient gave to this officer, of the amount of vision he possessed, the officer reported him to the Warden of the Institution as a blind man, unsuitable to go upon any contract. An operation upon the eyes being deferred for some three months, the patient during this time was placed as an assistant in the wash-house, and afterwards in the same character in the dining-room. In neither of these places had he vision enough to be of any service, and was consequently removed to the Hall, the common receptacle of invalids, where he performed some duties that did not necessarily involve the presence of eye-sight.

OPERATION.

On the 30th of January, some three months after the patient had entered the Institution, I operated on one eye, by the method of *displacement* called "*couching.*" The lens was firm, and there was no difficulty in carrying it below the axis of vision, and in retaining it in that position. After the operation the patient was placed on a bed, the hospital, in the part where he lay, was somewhat darkened, cold water was applied to the eyes, low diet ordered, and he was directed to keep the head still, maintain the recumbent posture, and not in any way interfere with the eye. Some two days after the operation, the patient experienced some unusual sensations in the eye operated on, and in spite of entreaties from the attendants, and my directions, he *rubbed* his eye, and continued to do so until it became highly inflamed. The inflammation involved the conjunctiva, iris, and, I think, also the vitreous humor. The inflammatory action lasted about two months, and after it subsided the pupil was found to be permanently contracted, the iris immovable; the pupil also blocked up with a bit of opake matter resembling the capsule of the lens.

SECOND OPERATION.

The *first* operation being on the *left* eye, this one was performed on the *right* eye on the 17th April following, some two months and a half after the first, by the method previously stated. While engaged in this operation, *and just after the needle had entered the eye*, the patient commenced complaining of pain and *jerked* his head violently in several directions. I ordered the attendant of the hospital, who was sustaining the head, to keep it still, and, under such circumstances, finished the operation.

At this sitting, I also operated through the cornea (keratonyxis) a second time on the left eye. Inflammation followed these operations, and the consequence was unfavorable—the patient being able to see less than before; a very common result of unsuccessful operations for cataract.

We have thus reported this case at greater length, in some respects, than usual, for the reason that it serves as the basis of several important questions.

TO WHAT SHOULD THE UNSUCCESSFUL RESULT OF THIS CASE BE ATTRIBUTED?

This is a question of no easy solution. In a case of the kind before us, many contingencies are involved that it is impossible fully to appreciate. In the failure of a surgical operation, a variety of causes may be present adequate to explain the result, and yet the result may not be due to any one of them, but to some circumstance or condition, to the proper estimation of which, human powers do not, in the present state of science, extend. Could, indeed, all the causes of failure in surgical operations, or in medication, be well understood, a great advance on the world's knowledge might well be noted. The most that can be done is to try to estimate the more obvious and prominent.

Relating to the character of the disease before us and its complications, there are many things adequate to vary success. These may be *local*, involving the eye itself, or *constitutional*. The lens may be *hard*, *soft*, or *fluid*. The *displacement* of a hard lens occasions more injury to the ciliary body and vitreous humor than does the soft. Besides, it is less likely to be absorbed, lying in the eye, perhaps always, and acting as a foreign body. The *fluid* lens is most easily disposed of, and with the least danger to the integrity of other parts. The sensibility of the retina, when entirely destroyed, may be recognized in a variety of ways. But there is a *defective* sensibility, that is, in a great degree, inappreciable. Too great fluidity, or other diseases of the vitreous humor, are often equally obscure. Glaucoma was for a long time supposed to have its seat in the vitreous humor—now in the posterior part of the capsule of the chrystalline lens. Among the general or *constitutional* affections which complicate results, we may enumerate the erysipelatous diathesis, scurvy, tendency to catarrhal inflammation, chronic diseases of the skin, nervous disorders, rheumatism, syphlitic taints. The presence of any one of these troubles is capable of rendering the operation for cataract abortive.

The cause, giving rise to the disease, it may be safely presumed, exercises no little influence over the results of operations. Following ophthalmia or fever, particularly the latter, if we would judge from analogies, cataract would be less amenable to treatment than when apparently of spontaneous origin.

CAUSES OF FAILURE RELATING TO THE OPERATOR.

From the complex and delicate character of the Eye, anatomically, no one, it might safely be presumed, could do the most that might be done, unless he was not only thoroughly acquainted with the structure of the organ, but also possessed talent and experience as an operator. These, however, are pre-requisites to success, the presence of which must always be relative. The young surgeon cannot expect the success of those who are experienced. Indeed, it was the remark of one of the ablest men in ophthalmic science that has ever lived, that he "*spoiled a hat full of eyes before he learned to operate for cataract.*"

CAUSES OF FAILURE RELATING TO THE PATIENT.

Here we have as fertile a source, as any other, of bad results. To behave exactly right at the time, and after an operation, requires more intelligence and moral courage than usually falls to the lot of patients. From the intelligent and faithful, a conformity to the advice of the surgeon may be expected, but from children, who are frequently the subject of the operation, and from the uncultivated, we are only able to count on an approximation to proper conduct.

The case we have reported is an instance of *improper, reckless conduct* on the part of the patient. Two days after the first operation, as we have seen, the patient *rubbed with his knuckles* the eye operated on, which circumstance was followed by violent inflammation, that destroyed the eye. While undergoing the *second* operation he *jerked* his head violently, complaining of the pain produced by the manipulation necessary to depress the lens.

In looking over this very brief review of the causes capable of varying the result of an operation for cataract, we may repeat that they are far from being easily estimated in any given case. They may be due, as we have seen, to the character of the disease affecting the lens, to the presence of other inappreciable lesions of the eye, to constitutional disorders, to the unskilfulness of the operator, to the conduct of the patient. We will now give the result of the operation taken from works on Ophthalmic Surgery.

PROGNOSIS OF THE OPERATIONS FOR CATARACT IN GENERAL.

What *proportion* of all the cases operated on are cured? This is a very interesting question.

The following are extracts from Makenzie's Ophthalmic Surgery:

"In June 1753, La Faye, Poyet and Morand operated the same day on 19 cataracts, the two former by "extraction," though each by his own method. Morand operated by depression. Of those operated on by La Faye two saw well, two indifferently, and two received no benefit. Two of Poyet's cases saw well, two less, one could discover only day-light, and two nothing. Three of Morand's patients could see tolerably well, and three remained as dark as before.

"Mr. Sharp, in a paper read before the Royal Society, 22d Nov., 1753, gives an account of having performed the operation of extraction on 19 eyes, with about half of which he thought he had tolerable success.

"Tartra has published the results of the operations for cataract in the Hôtel Dieu, at Paris, from the commencement of 1806, to 1810, inclusively. The total number of cases was 113, 70 of which were "*extracted,*" and 43 "*displaced,*"—19 of the 70 extractions and 24 of the 43 displacements were successful,—6 extractions and 4 displacements, were followed by partial success; 8 extractions and 5 displacements were total failures, and the results of the rest were either unknown, or more or less unfavorable.

"Roux, of Paris, during the year 1830, the autumn of 1832, and the spring of 1833, operated by extraction on 179 eyes with the following results:—97 operations succeeded; 72 failed, and 10 were partially successful.

From a statement by Drs. Green and Parvin, late House Surgeons of Will's Hospital, Philadelphia, it appears that the cures constitute about four-fifths of the whole number operated on in that institution.

Such is a specimen of the data upon which to found a prognosis of the cure of cataract by an operation.

Tartra adds to his statistics his opinion, that *two* out of *five* patients operated on for cataract recover sight.

Roux's success at the *Charitè* was somewhat more than *five* out of *eight* cases operated on.

Where the cases are well selected, and those for extraction and those for displacement, are rightly distinguished, Makenzie thinks three-fourths recover useful vision; two-thirds excellent vision.

THE PROPER TIME TO OPERATE IN CATARACT.

The question as to the proper time to operate in the progress of cataract, is one that admits of no positive solution. "In former times," says Mackenzie on page 723, "the distinction of *ripe* and *unripe* cataracts was considered of great importance. It was supposed that cataract depended upon the coagulability of a fluid, and till this process was considered to be sufficiently advanced to permit the cataract to be displaced by the needle, the disease was deemed *unripe.* If we are still to retain the terms *ripe* and *unripe* we must employ them with a different meaning. However small a cataract may be, we may call it *ripe* when it is completely developed, susceptible of no further progress, or when it deprives the patient of the power of distinguishing objects; whereas we may call it *unripe* when it is not yet fully formed, when there is a suspicion that the disease may make considerable further progress; or when the patient retains so much vision as to see the eyes of a person sitting before him; or distinguish the different articles of furniture in a room."

If we judge of the *ripeness* or *unripeness* of a cataract by the test of its having sufficient consistence to enable the operator to introduce the needle into it and carry it out of the axis of vision, cataract, at any stage, is *ripe* for an operation, because this can be done easily on a healthy eye; with the *fluid* variety displacement is generally unnecessary, nothing here being scarcely ever required except merely puncturing the capsule. If we judge of the *ripeness* of a cataract on the ground of its progress, we, at least, have to go upon hypothesis. No oculist has the means of knowing at what point the morbid process ceases. According to present knowledge, it never stops until all parts of the optical apparatus is destroyed. Again, if we make the amount of vision present the test, regardless of other circumstances, we will also have trouble. Cataract, as we have remarked, of itself, never produces entire blindness. However opake the lens may be, the patient can see more or less from light admitted into the eye at the circumference of the lens; and in shaded places, or when the iris is artificially dilated, the ability is often present to distinguish objects placed at the side of the eye of comparatively small dimensions. All things considered, therefore, it will be understood that there are few points in Ophthalmic Science more difficult to determine than the *ripeness* of a cataract. If the patient cannot see objects placed right before him in any degree of light, cannot see to go about and attend to business, has what to him was useful vision, destroyed, and there is no evidence of the active presence still of the cause of the disease, it is the practice of the oculists of the age to regard the cataract as *ripe.*

REMEDIES FOR CATARACT.

A few cases are on record of *spontaneous* cure. The lens has been known to become detached and sink down so as not to obstruct the passage of light into the eye. Then, again, it has happened that the lens has fallen into the horizontal position, its margin being below the pupil.

Scientific men, as well as the most ignorant charlatans, have, in all ages, engaged in the attempt to cure the complaint by drugs, seatons, blisters, cauterization of the scalp, etc. Indeed, there is scarcely an article of the *materia medica,* the powers of which have not been, at some time or other, invoked; and not long since the fumes of prussic acid, by the agency of a London charlatan, obtained quite a notoriety. Electricity and galvanism have also been proposed. It has been remarked by eminent surgeons that no confidence need be reposed in any of these remedies.

Miller, in his late work, says: "Unfortunately our art has yet proved impotent in attempting to stay the progress of advancing cataract, and when it has been fairly formed, no faith need be reposed in any attempt at simple discussion of the opake structure. By operation alone can amendment be obtained."

Wharton Jones (Ophthalmic Medicine & Surgery) says: "When once begun to form, (Lenticular Cataract) it may be prognosticated that the opacity will go on to increase until useful vision is prevented in the eye; and it may also be prognosticated that the other eye, if not already, will also become affected."

Mackenzie (Practical Treatise on Diseases of the Eye) says: "In the incipient stage of Lenticular Cataract, we seldom hesitate to prognosticate, especially if the lens, itself, be the part affected, an uninterrupted increase of opacity and a decrease of vision till a perception of light and shade is all that is retained."

A question has been raised in regard to the propriety of operating on one eye effected with Cataract, the other one being sound. The weight of authority is against this practice — yet it has been supposed by able occulists that the removal of the Cataract from the eye effected, may prevent its formation in the other sound eye. Hinely says "if the occurrence of the Catarat in the second eye be due to the continued operation of the cause which produced it in the first, there is no doubt but that Cataract when it makes its appearance in one eye ought to be operated on, although the other is perfectly sound at the time." He quotes two instances in which the removal of the opake lens from the eye first affected, arrested the progress of incipient opacity in the other eye.

Beer (Repertorium, vol. 1, page 29,) makes the following statement: "For a period of seventeen years I have closely observed those cases, in which the operation for Cataract had been performed in one eye before any sign of the disease had been noticed in the other." In all such cases I found the other eye had remained free from disease. Beer continues to add that where but one eye has been affected he has operated on it to improve the personal appearance of the patient.

Nunelly, of Leeds, remarks, "I suppose it may be granted that although a person sees sufficiently with one eye, no one will deny that *cateris paribus*, two eyes are better than one."

When both eyes are alike affected and an operation on one proves unsuccessful, should the other eye also be operated on; or should the case be abandoned? There is really here no question at all. The same reasons which authorized a first operation also authorizes a second — the simple circumstance of a *failure* having nothing, in itself, to do with the question. Should, however, the first operation reveal in any manner the causes of failure, as for example, complications that had not been disclosed, then a question might arise as to the propriety of a second operation. The maxim is as old as human energy, "If you don't succeed in the first attempt, pick the flint and try it again."

FŒTICIDE.—We noticed in some of our "exchanges," not long since, some remarks on the subject of "*Abortions*," which we intended to transcribe, but the Journal containing them has been mislaid. It is a matter of some doubt whether correct opinions are universally prevalent on this subject. All agree as to the criminality of interfering with an ovum after its presence in the uterus is decidedly pronounced, and also during all subsequent stages of pregnancy. But there are other points not quite so well defined.

Cases, for example, occur, where the parties are indisposed to child-bearing—perhaps it is a mother who has already had as many children as she wants; or an unmarried woman who has been the subject of illicit intercourse. In such instances the parties are too apt to be ready to institute active measures for abortion, whenever the least evidence is present that there has been a conception. The physician is appealed to for relief, and most usually there is an attempt to account for the condition upon every hypothesis except the right one. The patient attributes her condition to "cold," to "irregularity," bad general health, etc. From the circumstance that diagnosis has, in part, often to be made up from the patient's account of things, it might seem that a question would arise here as to the course, under such circumstances, a physician should pursue. The trouble, perhaps, has only been of a fortnight's standing, only one menstrual period passed over, and to ignore the patient's views entirely, might not at first sight seem prudent.

The right course for the physician, it seems to us, in all cases of this class, is only made out from correct views on the subject of Embryology. The fact that the fœtus differs in the sources of its nutrition from an adult, or that its circulation is different, or that its head in utero is undermost, or that its body is flexed into an ovoid mass, does not destroy its identity as a living human being. From the time that it has the form merely of a cell, until it reaches the period of adult existence, it is at all periods equally entitled to protection. The circumstance that the fœtus is not, to any extent, either physically or mentally endowed, constitutes no reason why its integrity should not be regarded. Life is a series of successive developments, commencing in the simplest forms, and proceeding to the diverse and complex. Take away the first link, and the chain is destroyed.

ARTESIAN WELL.—The Legislature has authorized the State House Commissioners to sink an *Artesian Well* on the Public Square grounds. With respect to its practicability, there is some diversity of opinion. A good supply of pure water, however, is a matter of sufficient consequence to justify an experiment. Those most conversant with the strata, underlaying this region, think it probable that water may be obtained at a depth of 600 or 800 feet. The Artesian wells at Bryan, Ohio, an account of which was published in the March No. of this Journal, are only 15 or 20 feet in depth, the water in some instances rising an equal distance above the surface. At Artois, in France, where the practice of boring for wells of this character originated, the wells are also very shallow. In London the water-bearing stratum is sometimes blue clay, sometimes chalk. In either instance the depth of the wells seldom exceed 500 feet, often not more than 300. At Toulouse, in France, the borings extended to the depth of 1200 feet without success.

The causes of failure of Artesian wells are numerous. The more frequent perhaps are rents and faults which abound in some rocks, deep ravines and valleys in the vicinity, or dips of strata that serve to conduct the water toward a trough in a direction opposite its source.

Our people are under great obligations to those gentlemen who have been instrumental in setting this enterprise on foot. It is a measure that has had its origin in enlarged and liberal views.

MICROSCOPES.—The firm of Riley & Co., of this city, have on hand several Microscopes of English and German manufacture, that are good working instruments, and well adapted to practical purposes. They range in power from 200 to 500 diameters. Price, from $35 to $65.

HUNGARIAN LEECHES.—One of our Druggists, J. Schueller, (High street, between Friend and Mound) keeps constantly on hand a supply of Leeches, and will be happy to receive orders from the city or the interior.

REVIEWS.—In this No. we have reviews of the works of Holland, Lacock and Bartlett. These works are all on subjects of great interest. The first two, designed to cultivate the faculties of observation and reason; the other one, is a very lucid and concise exposition of what is known in regard to Fever.

Holland's "Notes and Reflections" and Lacock's "Observations," should have a general reading. No books have lately made their appearance that were more needed. They will tend to give accurate and comprehensive views of Medical Science.

METAMORPHOSIS OF MIND IN REGARD TO QUACKERY.—On first entering the profession, after having spent years of labor, and been subjected to privations that destroy health; and after having heard teachers describe the arduous, delicate and responsible duties of the medical man, the young physician, like as not, has for his first competitor in business, an errant Quack, ignorant and unprincipled. The first impulse that the young man has under such circumstances is, most probably, one of anger. He gets *mad* when he sees the movements of the Quack, and the way the latter is surrounded with adherents and friends. After a while this emotion passes off, and the physician begins to predicate something on the circumstance that human beings are all endowed with more or less of that article which we call reason; and that if this is properly appealed to—if the people are reasoned with they can be made sensible of their error, and in this way the Quack may be routed. This plan, so plausible in itself, is at once adopted, and the physician goes to work to make the experiment. Interviews are sought for with all the principal men of the neighborhood, and with the intelligent also of the other sex. An experiment or two, however, convinces the physician that, after all his philosophy, he is about to fall short of his object; and and he finds it just about as easy to make M. D.'s out of the people as it is to make them understand an argument founded on a medical subject. His eyes, indeed, are now, for the first time, opened to the fact that a medical argument can only be understood by one well versed in the principles, facts and events of medical science, and, as a consequence, he abandons this plan of reforming the people. What next? The physician ceases his efforts and cogitates again to himself—and while in this mood, doing nothing at all except attending to his books, or patients when he has any, a new light is discovered. He now gets a glimpse of a great truth—one confirmed by almost universal experience, viz: that the quickest and surest way to kill off a Quack is the plan that the Quack himself unconsciously institutes for that purpose, and that any effort that the physician makes, looking to the same result, only has the effect to procrastinate the time of death. Arrived at this period, having passed regularly through all the stages of the metamorphosis, the young physician is now something of a philosopher.

Small Pox.—This disease has been somewhat more rife the past winter than for several years. It is confined mostly to the interior, and in many localtties, a very large proportion of the population has suffered. Until within a few days our city has been exempt. At present, however, the disease has attained but slight prevalence. Extensive observations lately made, and the protection afforded by *vaccination*, seem to point out very decidedly the propriety of repeating the process at certain intervals.

Assistant Editor.—The name of our Assistant Editor, Dr. R. Gundry, M. D., disappears from our cover in this issue. Dr. Gundry has gone to Dayton to help our old friend Dr. McIllhenny take care of the Lunatics. We shall feel sensibly the loss of the ready and able pen of our Assistant. Nevertheless, we congratulate the Institution with which he has connected himself, as having secured the employment of talents that are searce.

On the Functions of the Supra Renal Capsules. By Dr. Brown-Sequard.

We are indebted to our contemporaries of the Boston Medical and Surgical Journal for the following resumé of Dr. Brown-Séquard's researches on the functions of the supra-renal capsules. This well known physiologist remarked, that these two small organs, lying in immediate connection with the kidneys, have been considered very unimportant until within a few years. Now it is found that when they are removed from the body of a living animal, there occurs a very great change in the blood, and the animal dies in a very short time. There is found to be an accumulation of pigment in the blood, and a peculiar form of crystals, not having the chemical reactions of hæmatoidine.

In answer to an inquiry, if the real use of these capsules was known, M. Séquard replied that his hypothesis was, that the function of the supra-renal capsules was to prevent the formation of pigment in the blood, and he thinks he has isolated a substance from the blood which would be changed into pigment without the agency of these organs. This substance, perhaps, may be produced in such a quantity that the capsules cannot destroy it, even when they are in a healthy state. In the disease described a short time since by Dr. Addison of London, and known as bronzed-skin disease, the coloring matter of the skin, examined under the microscope, proves to be the same as that of the negro's skin. And, as in the blood, in the same disease, there are found pigment cells, pigment granules contained in a peculiar substance, and certain crystals referred to above, he thought there was some ground for the inference that these organs are pigment-destroying agents. He had seen the crystalline plates sufficiently large to become impacted in the smaller vessels and to prevent the circulation of the blood, and consequently he believed if they were not the primary cause of many disturbances of the nervous influence, they were at least a partial cause.—*Virginia Med. Journal.*

On the Distinctions between Miasmatic and Contagious Diseases. By Dr. Muhry.

Miasmatic diseases are found (1.) to be dependent upon soil and moisture, temperature and time of year, like vegetation. 2. They often attack and exert their influence suddenly, immediately after their invasion, without any long, regular period of incubation, like a poison. 3. They may also repeatedly and chronically affect the same individual without diminution of their power. 4. They are not regenerated in the human economy.

Contageous diseases (1.) are found to be completely independent of soil, as also, with some exceptions, of temperature and time of the year. 2. They always exert their influence during a long regular period of incrementum or incubation. 3. They occur, for the most part, only once in the same individual, or recur only after a long interval. 4. They are regenerated in the animal economy only.

The relations of the contagious diseases to temperature, with respect to their geographical distribution, may be further indicated as follows: 1. The majority, as stated above, are ubiquitous, that is, are independent of temperature, and in our temperate and cold zones are independent of, or only slightly dependent on, periods of the year. These are variola, scarlatina, rubeola, pertussis, mumps, aphthæ, puerperal metritis, roseola, hospital gangrene, malignant pustule, and, perhaps, miliaria and pemphigus. 2. Those which are dependent upon temperature, and also upon the periods of the year, may be thus distinguished.: (1.) Those which thrive especially in high temperatures and under the tropics, as lepra, frambœsia, dysentery, and aphthæ. 2. Those which especially prevail in a cold temperature and the polar zone, as erysipelas, puerperal metritis, croup and pertusis. 3. Those which especially prevail between the highest and lowest temperatures, between the tropical and polar zones, as the plague and typhus.—*Henle and Pfeufer.*

On the Characteristics of Strychnia Tetanus. By Dr. R. Adams, Surgeon to the Richmond Hospital.

In a paper containing an account of a case of suicidal poisoning by strychnia, Dr. Adams draws the following comparison between ordinary tetanus and strychnia tetanus:

1. Strychnia tetanus resembles ordinary tetanus in its spasms, particularly when they assume, as they frequently do, the form of opisthotonos.

2. A rigid condition of the muscles exists in both cases, not only during the actual paroxysms, but also during the intervals between them.

3. Strychnia tetanus, in its progress to a fatal result, is much more rapid in its course than ordinary tetanus.

4. The commencement of this last is silent, and the expression of the countenance is peculiar and characteristic.

5. The beginning of the former is announced by loud and repeated screams and moanings.

6. The hands in strychnia tetanus are early and severely affected; in ordinary tetanus the hands are the parts of all others the last and least affected.—*Medical Times and Gazette.*

Falling off of the Hair.—Dr. Landerer considers it an error to mix substances intended to strengthen the hair in oils or fatty bodies, in which they are not soluble, and are so enveloped that they can exert no influence upon the relaxed skin. Thus five grains of quinine taken internally, or ten grains used in a lotion endermically, will exert more influence than half an ounce employed in an ointment. He has found great benefit from rubbing a watery solution of tannin into the roots of the hair. The modern Greeks employ a decoction of the root of the atractylis gummifera, the chamaleon leucos of Dioscorides.—*Buchner's Repert.*

Radical cure of Varicose Veins.—A case at present in King's College Hospital, under the care of Mr. Henry Lee, illustrates the advantages of a plan recently invented by him for the radical cure of varicose veins. The patient is a female, of middle age, who had been suffering from great distension of the saphena vein in two places. The trunk of the vein was much enlarged about the thigh, and a cluster of varicose veins existed at the upper part of the calf. There was also a small ulcer on the leg.

The plan adopted by Mr. Lee is as follows: Two needles were passed underneath the enlarged vein, at a distance of about two inches from each other, and a suture twisted around each. Care was taken not to wound the trunk of the vein itself. This proceeding was followed by adhesive inflammation around the part operated on, whereby the trunk of the vein was obliterated by coagulum. Three days after the passing of the needles, the vein was divided by a subcutaneous incision midway between the needles, and slight pressure applied by means of a pad of lint. On the fifth day the needles were withdrawn. The operation succeeded completely at both points; and, ten days afterwards, the patient was completely well, and able to leave the hospital, so far as respected the disease for which she originally applied for admission. She was kept in, however, on another account. When seen, seventeen days after the commencement of the treatment, the vein appeared to be permanently obliterated at both points; the depressions corresponding to the points of section being quite perceptible, and the vessel above and below reduced to a solid cord, which was steadily shrinking from its original size. The ulcer was cured.

This method appears to unite the advantages of the two spoken of by Sir B. Brodie in his *Lectures on Pathology and Surgery*, pp. 189, 190, as having been adopted by himself and M. Velpeau, respectively, for the cure of varicose veins by subcutaneous incision and by ligature. The adhesive inflammation which follows the application of the ligatures renders the subsequent subcutaneous incision of the vein a perfectly safe proceeding, as the absence of hemorrhage much increases the prospect of union of the little wound by first intention ; and even if it, or the needle-tracks, should suppurate, there is no chance of the passage of matter into the venous circulation, in consequence of the interposition of a considerable clot between each of these and the heart; besides which the tracks of the needles are external to the canal of the vessel. Whether the cure will be permanent is a point which can of course only be determined by subsequent observation ; even if not, the patient is for the present delivered from a very annoying infirmity, and has probably a long interval of health, at the expense of a treatment which appears neither painful, dangerous, nor protracted.—*British Med. Jour*, Jan. 31, 1857.

Biniodide of Mercury in certain forms of Epilepsy.—At St. George's Hospital, Dr. Fuller frequently uses the biniodide of mercury, and speaks of the great success he has obtained from it. Two cases of epilepsy at present under his care at the hospital may be quoted in his exemplification. The one is that of a boy, 18 years of age, who came under Dr. Fuller's care about the middle of last November ; the other, that of a man at 44, who was admitted a patient in the middle of December. The boy, a plumber by trade, had fractured his skull fifteen months before admission, and began to suffer from epilepsy seven months afterwards. The man, a laborer, fell from a height of thirty feet on to his head nine years ago ; had been more or less deaf with the right ear ever since, and began to suffer from epilepsy three years ago. There had been no discharge from the ear, and no decided headache. In both cases, Dr. Fuller attributed the fits to chronic thickening of the dura mater, or, possibly, deposit between it and the bone, the result of the injury. To the boy he gave the biniodide of mercury, and did not have recourse to any local treatment. To the man he also administered the biniodide ; but in consequence of the increasing frequency of his attacks, and the gradually increasing deafness, made use at the same time of a seton in the neck. Since the first week of the administration of the remedies neither of these patients experienced the slightest return of the fits. The boy feels quite well, and the man's deafness has greatly decreased. Nevertheless, Dr. Fuller directed that they should continue the remedies for at least another month or six weeks, with the view of completing the removal of the thickening to which he believes the fits to be attributable. Dr. Fuller administers the medicine in a state of solution, and believes that to this circumstance is, in a great measure, due the success which has attended its exhibition. The scarlet red biniodide usually employed in medicine, is insoluble in water, and when administered in pills is on that account comparatively inert; whereas, the biniodide, as given by Dr. Fuller, is perfectly soluble, forms a colorless solution, is readily absorbed, and speedily produces its specific effects. The solution is formed extemporarily by the addition of from five to ten grains of iodide of potassium to ʒj or ʒij of the liquor of hydrargyri bichloridum. In cases such as those above alluded to, Dr. Fuller gives it uncombined with other remedies; whilst in cachectic rheumatism, accompanied by periosteal swelling, he usually combines it with bark and sarsaparilla. In his work on *Rheumatism, Rheumatic Gout, and Sciatica*, 2d ed., p. 413, he says: "The biniodide of mercury kept in solution by an excess of iodide of potassium has proved in my hands the most valuable of all medicines in rheumatism which has supervened in a system tainted by the syphilitic poison, and in several instances has effected a cure after the bichloride had been given in vain." About a month ago we directed attention to its successful employment by Dr. Fuller in cases of deafness supervening on rheumatism, consequent, as he supposed, on some thickening and rigidity about the structures connected with the organ of hearing. He speaks so highly of the good effect of the remedy in so many cases attended by thickening or by periosteal swelling, that he confidently recommends a trial of it in appropriate cases.—*Med. Times and Gaz.* Feb. 14, 1857.

Puerperal Fever.—In his report on the sanitary condition of St. Pancras during December, Dr. Hillier remarks as follows on two cases of puerperal fever in the work-house: "There have been two deaths from puerperal fever, and several persons are now suffering from it. This disease is of a most infectious character, and when once it has gained access to a lying-in-ward, it clings to it with remarkable tenacity for some time, in spite of all disinfectants. As soon as the disease made its appearance, Mr. Coster, the senior surgeon, with the utmost promptitude, used all precautionary measures to prevent its extension: such as the complete isolation of the patients suffering from it; preventing the nurses who attend on them from coming near other parturient women; the entire change of linen and beds; and placing all persons about to be confined, in a distant part of the building. The disease, however, is not yet eradicated. It is the intention of the Directors not to allow any nurse, who has been near the patients with puerperal fever, to attend lying-in women for three weeks. The resident surgeons will not attend any other accouchements for the same period; and all fresh cases of labor will, if possible, be kept at their own houses, or sent to lying-in hospitals. This disease frequently co-exists with erysipelas, and it will be remembered that, in my last report, I stated that this disease was prevalent in the house, as it is also at the present time." It would be well if such precautions were adopted more frequently.—*Med. Times and Gaz.*, Jan. 24, 1857.

SOLUTION OF PHOSPHORIC ACID IN TYPHUS.—Prof. Magnus Huss recommends the following solution of phosphoric acid in the first stage of typhus, both in the abdominal and petechial forms: R.—Solution of phosphoric acid, two and a quarter ounces; Decoction of marshmallow, five ounces; Syrup of marshmallow, four ounces.—Mix. Dose from ten to fifteen drops every two hours. The solution contains twenty-five per cent. of phosphoric acid.—*Presse Med. Belge*, 6th Sept., 1856.

DR. MUTTER AND THE PHILADELPHIA COLLEGE OF PHYSICIANS.—In the number of this Journal in July last (p. 112,) we announced the liberal offer made by Dr. Mutter to the Philadelphia College of Physicians, and in a subsequent number (Nov. 1856, p. 159,) we expressed our regret that Dr. Mutter had failed to complete the arrangement.

We have recently received from Dr. Mutter the following communication, in which he offers an explanation of the causes which prevented his doing so at the time, and expressed his design of hereafter effecting it.

NICE, December 29, 1856.

To the Editor of the Medical News.

SIR:—a medical friend, *not* a resident of Philadelphia, has kindly sent me an extract from the *Medical News*, of the 13th of November last, which extract conveys a grave charge against myself, and which, as I shall endeavor to show, is both unjust and uncalled for.

In order to render my assertion obvious, it will be necessary for me briefly to rehearse the history of the business to which the extract refers,

It is well known to the medical profession of Philadelphia, that last spring, finding myself compelled by ill-health to resign my chair in the Jefferson College, and to leave the country, for a time at least, in search of a milder climate, I made a proposition to the "College of Physicians" of Philadelphia, to receive my museum, and to allow me to found in connection with that institution a school for pathological research, open to all regularly educated medical men and students of medicine, free of cost. The College entertained the proposition, and appointed a committee to confer with me upon the articles of the project. This committee, late in July, or early in August (not having the paper by me, I cannot specify the exact date,) addressed to me through their chairman, Dr. Geo. B. Wood, a set of propositions essentially modifying those submitted by myself to the College. As there seemed at the time no objections to these modifications, I wrote Dr. Wood to the effect, that I would accept them as the basis of a future contract between the College and myself. Upon subsequent examination, however, it appeared both to the committee and myself, that these propositions might, advantageously to both parties, undergo considerable alterations. At last, by our united efforts, a set of articles, perfectly satisfactory, were drawn up. It then only remained for me to hand over certain securities named, to the trustees agreed upon, and for the College to meet, in order to ratify the acts of their committee. But now a serious difficulty presented itself. *Want of time properly to effect our object.* Although *it was in the spring* that my offer was made to the College, *it was not until the last two weeks of September* that the committee and myself were able, owing to absence from the city, to work together, and it was only *four* days before my sailing for Europe, that everything was completed.

I was notified of the satisfactory conclusion of our negotiations on the very day, when, in order to sail as I proposed, on the first of October, it was necessary that I should leave for New York.

It will thus be observed, that *for the transfer of the property which I proposed to convey, and for the meeting of the College to ratify our* *acts, only four days, of which one was Sunday, remained.* This period as is obvious, was too short for the accomplishment of our object, besides which, I was *compelled*, as before stated, by other matters of equal or greater importance, to leave the city. Under these circumstances I was forced to allow our affairs to remain unsettled, and I wrote to Dr. Wood to that effect, at the same time expressing my regret at the failure of all our efforts. On leaving my house for the steamboat, I met Dr. Norris, one of the committee, and also expressed to him my difficulty and my sorrow. My colleague, Dr. Bache, will also testify that I remained *three days over the period* when I should have left Philadelphia, and that I expressed to him my fears and regrets that we should not have time to complete our arrangements.

In conclusion, to prove how deeply I was and am still interested in the work, as soon as possible on my arrival in New York, I obtained the services of Mr. Cram, attorney at law, to arrange my will, and he is ready to testify that the *first item* in that paper, directs my executors, in case of my death, to hand over, before the payment of any other legacy, the sum of $30,000 to the trustees agreed upon between the College and myself, and expresses my earnest desire that the arrangements made between us should be carried out. This, and other business, kept me constantly occupied until after midnight, the last day of September, when exhausted by watching and indisposition, I was unable to write to Philadelphia, and sailed the next morning, the 1st of October, at 9 o'clock. On arriving in Liverpool, I dispatched a letter, at once, to Dr. Wood, informing him of what I had done, and requesting him to read it to the College, and also promised that I would leave nothing undone to accomplish the chief object of my professional life.

It will be seen from the foregoing that I have, in every way, endeavored to carry out my promise to the College. In case of my death, the money will be offered to the Institution by my executors, and I pledge myself, should I live to return home, to hand over the sum specified to the trustees, provided the College is ready to receive it upon the terms already arranged between us.

Had the article in the *Medical News* read thus: "The College, after due consideration, accepted the trust, but we regret that, in consequence of Dr. Mütter's hurried departure for Europe, which prevented the accomplishment of all the details of the contract between the College and himself, the negotiations failed for the present," it would have conveyed the truth, and at the same time have spared the imputation of *want of faith.*

I have been deeply wounded and mortified by this article in question, and I am sure nothing more, under the circumstances, could have been done on my part to further the object, which has been my most earnest desire, for many years, to see accomplished.

THOS. D. MUTTER.

EXTRACTION *versus* DEPRESSION.—An opportunity for contrasting the results of extraction and depression operations for cataract was afforded by a patient at the Moorfields Ophthalmic, under Mr. Critchett's care, a few weeks ago. A woman, of about 45, had had depression performed in the left eye by another surgeon two years ago, and had subsequently had her right lens extracted by Mr. Critchett. Both operations had been perfect in their kind, but the right had become so much the more useful eye, and so great was the annoyance to sight caused by the depressed lens in the left, that she was anxious to have extraction performed in it also. The lens, which was very opake, lay quite below the pupil, and the latter was clear; but, from the movements of the former, much interference with wision resulted. No irritation had apparently been caused, and the visual powers of the eye were as good as ever. At the woman's own request, Mr. Critchett performed extraction, and hooked up the lens and removed it, the operation not being attended with any difficulty. It was interesting to observe that the lens, although for two years freed from its capsule, and displaced into the vitreous humor, had undergone almost no diminution. It was chalky in parts, and in others of a hard, gelatinous structure. Its non-absorption might be held to illustrate one of two things: either that a lens, in the condition described, is insusceptible of absorption, or that the vitreous humor does not possess any absorptive activity.

We may remark, that depression of cataract is an operation now very rarely, indeed, performed at Moorfields, partly from the conviction that, as shown in this instance, the sight so obtained is not so perfect as that after extraction; but more chiefly, because a belief is entertained that the eyes do not last, irritation being caused by the displaced lens communicated to the ciliary processes, and then to the retina, and ending in a few years in amaurosis.—*Med. Times and Gaz.*, Dec. 13, 1856.

Reduction of old Dislocation of the Humerus by Manipular Movement, without Extension.—In a case recently under his care in St. Bartholomew's, in which a very fat woman was the patient, Mr. Wormald succeeded in reducing an old (six weeks) dislocation of the humerus by manipular movements, without extension, on the principle now almost universally adopted with those of the femur. The humerus differs from the femur in having an almost straight shaft up to its articular end, and no leverage can therefore be obtained, as in the case of the head of the femur, which is almost at right angles to its shaft. By bandaging a rectangular splint to the arm and fore-arm, Mr. Wormald made the latter into a lever, by which to act upon the former. The operator's knee being put under the patient's elbow as a fulcrum, the fore-arm was depressed, and the bone lifted into its place. The patient was under chloroform, and reduction occupied only about ten minutes. For ordinary cases this plan will, of course, not supersede the very simple and effectual ones already in use, but in those difficult of reduction is worth being had recourse to.—*Med. Times and Gaz.*, Feb. 7, 1857.

Operations for Femoral Hernia without opening the Fascia Propria.—Within the last few years it has become the custom with several surgeons, among whom we may mention Mr. Birkett, of Gay's, to avoid opening not only the sac but also the fascia propria in cases of femoral hernia, when such may be practicable. We saw Mr. Birkett operate on a woman the other day by that method. Gimbernat's ligament was readily reached when the cribriform fascia had been divided, and having been notched the gut easily returned. An objection to the plan sometimes made is, that the sac and fascia constitute together a mass of some thickness, in which it is just possible a small portion of bowel might be concealed. Such an objection lies with threefold force against all reductions by the taxis, The rule now almost established in herniotomy seems to be to divide as little as possible, that is, to make the reduction differ as little as may be from one by the taxis without division of the structure. By leaving the sac covered and protected by the fascia propria, the risk caused directly by the operation amounts to little more than a wound of the skin, and the risk of peritonitis must be so [illegible] diminished.—*Ibid.*

REMOVAL OF TUMOURS BY A NEW METHOD.—Dr. Simpson, of Edinburgh, has been experimenting on the removal of tumours by a method novel in this country. He introduces a hollow acupuncture needle, or very fine trocar, into their tissue, and injects a few drops of some irritant liquid—such as a solution of chloride of zinc, perchloride of iron, or creasote. The effect has been to destroy the vitality of the tumours so treated, and they have been separated by a procoss of enucleation. We have seen a somewhat similar plan adopted in Paris by M. Maisonneuve. He has a slender stylets made of a paste composed of flour, water, and chloride of zinc. These are baked. A puncture is made in the tumour, the caustic stylet is inserted, broken off, and left. We saw several malignant tumours treated in this manner, and some cases in which a healthy granulating surface was left after the separation of tumors which had been destroyed in this manner.—*Medical Times and Gazette*, Feb. 7, 1857.

RARE FORM OF FRACTURE OF THE NECK OF THE HUMERUS.—A muscular young man has just been discharged from St. Mary's Hospital, where he had been for some time under the care of Mr. Coulson, on account of an unusual injury to the left shoulder. At the time of admission it was diagnosed as a fracture of the neck of the humerus, with, possibly, dislocation of the head forwards. Crepitus was felt distinctly, and the symmetry could, without much difficulty, be restored, but the bone could not be retained in place. All appliances to secure coaptation failed, and he now has (ten weeks after) marked deformity. The motions of the shoulder are, however, good, and he will probably in time regain almost perfect use of it. The opinion now entertained is that it has been a fracture through the anatomical neck, with a splitting of the upper part of the shaft. As it has united there is a decided prominence of the anterior part of the shaft at its upper end; indeed the bone appears to be much widened. The articular head is evidently in the glenoid cavity. The arm is about half an inch shorter than the other. Mr. Coulson has adopted the plan, which it is much to be wished were general, of giving to the lad a written statement of what the supposed injury [illegible] the re[illegible], so that should he come under care for any subsequent [illegible] the surgeon will have an invaluable guide in treatment; or should an opportunity be afforded for dissection of the part, it may not be lost for want of attention being drawn to it.—*Ibid.*

COMPRESSION TREATMENT OF ANEURISM — CURE UNDER UNUSUAL CIRCUMSTANCES.— A case has been recently treated by Mr. Lawrence, in St. Bartholomew's Hospital, in which a popoliteal aneurism solidified under unusual circumstances. The patient was a robust young man of 27, and the tumor about the size of half an orange. The compresssion was commenced with a common Signorini's tourniquet, and was cautiously pursued, the stream of blood through the tumour being retarded merely, and not nearly arrested. This had been done for about seventy-six hours, and the man having suffered no inconvenience, the tourniquet was screwed tighter. On Mr. Lawrence's visit, the day following, the man complained of pain in the tumour; and fearing inflammation of the sac, Mr. Lawrence ordered the immediate disuse of all compression. The pulsation, although not so powerful as at first, was still very distinct. Within a few days of the laying aside of the compression, however, all pulsation ceased; the tumour afterwards rapidly absorbed, and a perfected cure resulted. In attempting to explain the occurrence of consolidation under these circumstances, the conjecture seems not improbable that the impaction of a portion of fibrin in the distal trunk had been the cause of the pain in the tumour of which the man complained; and that this in itself, not at first sufficient to occlude the vessel, had subsequently become coated with lymph, and finally acted as a plug.—*Med. Times and Gaz.*, Dec. 13, 1856.

STATISTICS OF POPULATION OF FRANCE.— The returns show that France possessed, in 1856, 36,039,354 inhabitants, while, in 1852, the number was 35,781,628. They consequently represent an increase of 257,736 inhabitants during the last five years. The mortality, which was one in every 25 inhabitants in 1772, was only one in every 44 in the year 1844. It therefore ensues that mortality has diminished to the extent of three-quarters in the space of 72 years.— *Med. Times and Gaz.*, Jan. 24, 1857.

CHLOROFORM IN SEA-SICKNESS.— Dr. Landerer, a medical man at Athens, announces that he has discovered a specific against seasickness, viz: to give from ten to twelve drops of chloroform in water. He says the chloroform, in most cases, removes nausea, and persons who have taken the remedy soon become able to stand up, and get accustomed to the movement of the vessel. Should the sickness return, a fresh dose is to be taken. It was tried on twenty passengers on a very rough voyage from Zea to Athens, and all, with the exception of two, were cured by one dose. The minority, two ladies, were able to resist the feeling of illness on taking a second dose.—*Med. Times and Gaz.*, Jan. 24, 1857.

CANCER CAUSTICS.—These are the order of the day. Go where we will, chloride of zinc, sulphate of zinc, the chlorides of antimony and iron, and their action on cancer, are the subjects of conversation. Dr. Simpson's caustic and a weak solution of chloride of zinc are being tried extensively both in public and private. Mr. Moullin has used the chloride of zinc in a less dilute form, and brought before the Medical Society last Saturday, two tumours of the breast he had so removed, the one of 8 years', the other of 20 years' standing. Both cases were patients of the Westbourne Dispensary. The chloride of zinc was applied after the integuments covering the entire tumour had been destroyed by the application of nitric acid. It was used in the form of a thin paste, made of equal parts of the chloride and thick mucilage, and spread upon linen. It was applied over the whole raw surface, and covered with cotton, which was allowed to remain till next day. The dressing being then removed, incisions were made to the depth of the destroyed part (about one-eighth of an inch,) and one-third of an inch apart from each other. These caused no pain. The chloride of zinc paste, now spread upon strips of linen, was inserted in each incision, and covered over with cotton. One hour after the dressing the patient began to feel a sensation of heat in the part, which lasted for three or four hours, not at any time amounting to pain. She slept well. Next day the same process was repeated, and continued for fifteen successive mornings, when the whole tumour was destroyed. Separation now commenced, and on the thirty-third from the first application, the tumour fell out, leaving a perfectly healthy surface, which gradually healed, and is now quite sound. The history of the other case is much the same, except that in the second there was a large fungous growth on the upper part of the breast, which was also completely destroyed, after fourteen dressings, and enucleated in forty days, having the same healthy appearance as the former, and progressing equally well. Mr. Moullin stated that Mr. Haviland had assisted him in these cases. The results of this treatment are very similar to those obtained by Dr. Fell, and the scoring of the slough is a practice very probably in imitation of the American Doctor. The tumours are doubtless removed, and the resulting cicatrix is firm, but whether the patient is in so good or a better condition than if the tumour had been removed by the knife, is quite another question.—*Medical Times and Gazette*, Feb. 14, 1857.

[In connection with the above remarks, we commend to the attention of the reader the following just observations from an editorial article in a late number of the *British Medical Journal*, February 7, 1857. They place the subject of the cure of cancer in its true light :—]

"Cancer is something more than a local disease. What is the value of his life, in whom the smallest item of cancer exists ? How long do they live from whose bodies cancer-masses have been removed ? Removing the local disease, then, is not curing cancer. This is all trite enough. Now, Dr. Fell does not, we presume, pretend to do more than to attack the local disease. He does then just that which, heretofore and now, surgeons have done and do. But his method contains an especial virtue, and its speciality lies in this, that his means of ablation act more surely, safely, pleasantly, and completely, than do those means heretofore used for the removal of the tumour, viz : the knife and ordinary caustics.

Here, then, is the fact reduced to its simplest terms, and stripped of all hazy romance. The situation of Dr. Fell before the profession is clear and definite. *He has no new cure for cancer, but only a new method of removing the local tumour*—one more perfect and effective than the methods in daily use."

Prizes at the Imperial Academy of Sciences of France.

The Academy has decreed its Cuvier prize to Prof. Owen, for his Researches in Anatomy and Physiology. The prize for experimental Physiology of 2,000 francs has been decreed to Dr. Waller, an Englishman settled at Bonn, for his researches on the Spinal Ganglin. For his discovery of the application of amorphous phosphorous to the manufacture of lucifer matches, the Academy has awarded a prize of 2,500 francs to M. Schrotter. In the department of medicine and surgery, the Montyon prizes of 2,000 francs each have been awarded to Dr. Simpson for the introduction of chlorform into surgical and obstetrical practice; to M. Malgaine for his work on fractures and dislocations; to M. Jules Guerin, for having generalized the subcutaneous method; and to M. Stilling for his microscopical researches upon the spinal cord. Numerous other rewards of 1,000 francs have been adjudged, and amongst others to M. Middeldorpff, for the employment of the electrical current as a means of cauterization; to M. Brown Sequard for his observations upon the results of lesions of the spinal marrow; to M. Boinet for his researches on iodine injections in disease of the ovary; to M. Guillon for his mode of dilating strictures of the urethra; to M. Faux, for his researches on asphyxia; and M. Philippaux, for his new views on the action of caustics. The grand prize proposed by the Academy of Physical Sciences for 1847, and postponed in 1849 and 1853, and 1856, having for its subject the development of the embryo, has now been decreed to M. Lereboullet, of Strasburg; and another grand prize—subject, the distribution of organic fossils in the tertiary strata—has been decreed to M. Brown, of Heidelberg.

The next Alhumbert prize of a gold medal, 2,500 franes in value, will be for the following subject: "The fecundation of the ova, and the structure of the organs of generation in the principal natural groups of the class of Polypi, or of that of the Acalephæ.

The *Breant Legacy* of 100,000 francs has been left for the foundation of a prize, to be decreed to whoever discovers the causes or the means of cure of the cholera. Until the prize is adjudged, the interest of the capital is to be given to whoever may be deemed to have advanced our knowledge respecting cholera or other epidemic disease, or to any one who will point out the means of radically curing *dartress.—Med. Times and Gazette,* Feb. 14, 1857.

London Sausages.—London sausages including the subdivisions of saveloys, black puddings, and polonies, have always been regarded as somewhat dubious articles of food; being neither fish, flesh, fowl, nor good red herring. The process of their manufacture has been described as equivalent to a practical illustration of the adage, "Give a dog a bad name and hang him." Horses, dogs, and cats are reputed to startle with prophetic dread at the sound of a sausage-machine; and writers on instinct can adduce no parallel incident to that recorded by the disconsolate sportsman, who, whilst regretfully whistling the summons of his lost Ponto, observed some sausages in a neighboring window simultaneously wagging thsir tails.

We have lately learned that these insinuations present the proceedings of London sausage-makers in a rather favorable light. It appears that they consider tender young horse-flesh, the meat of a defunct poodle, or the mortal remains of a cat that has departed her ninth life, as

"Too good
For human nature's daily food."

It is their custom, as reported by one of themselves, to convert into sausages meat entirely unfit for human consumption; whether rendered putrid by keeping, or unwholesome by the diseased condition of the animal which supplied it.

Our information concerning the poisonous influence of diseased or tainted meat has hitherto been principally derived from continental sources. This is not due to any supreminent honesty on the part of our British dealers, but to the absence of any effectual system of medical police in this country, until the appointment last year of the Medical Officers of Health. One of these gentlemen—Dr. Aldis, of St. George's Hanover Square District—recently applied to the magistrate for an order to burn or bury a quantity of offensive and putrid meat (amounting to a hundred weight and a half,) lying on the premises of a sausage-maker in Grosvenor Row, Pimlico, which was being converted into sausages. Dr. Aldis and one of his inspectors described the filthy state of the meat. The defendant then observed, "It would be quite useless for him to think of carrying on business if proceedings like the present were to be taken against him, for there was not a sausage-maker in London but where the same description of meat was used.

As regards this man personally, we may remark, that it is possible society would recover the shock, even if he were to shut up shop.

Now, the experiments of Gaspard and Magendie have proved that putrid animal matter introduced into the system of healthy animals induced a disease closely resembling the typhoid fever of man; and Dr. Christison records a case where the lives of a whole family were jeopardized, and one of its members died, from partaking of broth made from meat like that above described. Amongst our London poor, who consume the abominable garbage of which, according to the above statement, cheap sausages are composed, it is not unusual to meet with cases of fever, the cause of which is involved in mystery; and it is impossible to believe that putrid meat, however spiced, may be eaten with impunity, especially by a half-starved human being, living in a vitiated atmosphere, and often with a gin-sodden constitution.

More than this, there occasionally occur, amongst our poor, cases of disease of a most anamalous kind, and presenting many of those indefinite symptoms which accompany the disease recognized in Germany as due to unwholesome sausages, and distinguished as a special kind of poison: In Wirtemburg, there occurred, in twenty years, 152 cases, distinctly traced to the "sausage poison;" and of these 84 died. In districts where the sausages are eaten fresh, the disease is correspondingly rare. The symptoms are slow in progress and most indefinite: abdominal pains; tormina; oppressed respiration; irregular action of the heart; constipation, sometimes alternating with diarrhœa; diminution of the secretions and of nervous energy; a hoarse voice and frequent cough; a cold skin, with the hands and feet dry and hot. These are laid down as the most marked symptoms due to the influence of the animal poison, and which wear away the thread of life until death finally ensues from syncope. Now it is in no way proved that the sausage poison of Germany is confined to that country. On the other hand, we have it stated by a manufacturer, that the putrefaction most likely to generate a poisonous condition is the normal state of the sausages supplied for the food of the poor of London. The subject is one deserving earnest attention; especially as we are warned that the terrible murrain which in 1745 destroyed 80,000 cattle in one year, is now approaching our shores. It is evident that the conscientious folks who cut up decomposed flesh into sausages would be little likely to feel any qualms of conscience about the conversion of diseased meat, to the same purpose.—*Lencet,* Feb. 28, 1857.

Congress of Oculists at Brussels.—Brussels has of late become famous for its congresses on educational and statistical questions; and now we find one proposed for the ophthalmologist. They are invited by a committee composed of the following members: MM. Fallot, Bosch, Hairion, Van Roosbrœck, and Warlomont. It is intended that the meetings should take place on the 13th, 14th, 15th, and 16th of September next, *i. e.*, immediately prior to that of the German Scientific Association, to be held this year at Bonn, on the 18th. Besides various other topics which will be brought under discussion, Military Ophthalmia, and the employment of the Ophthalmascope, are to hold prominent places. All communications favorable to this project are to be addressed to M. Warlmont, 27 Rue Notre Dame aux Neiges, Brussels.—*Med. Times and Gazette*, February 21, 1857.

Æsculapius the Son of Apollo.—It is said that the great Boerhaave was more proud of his success as a flutist than of his scientific glories. Haller, the universal genius, was an accomplished musician, and delighted in taking his part on the violoncello. Orfila, in place of becoming the founder of modern toxicology, had well-nigh turned his magnificent baritone voice to profit on the stage. M. Bataille, one of the most admired of the singers at the *Opera Comique*, is a doctor of medicine; and a young *agrégé* of great promise, and possessed of a beautiful tenor voice, has deserted the Academies of science for that of music. Quite lately too, a M. Hans, a young man of 21 years of age, has made a promising *début* in Lablanche's character in Norma, at the *Theatre Italien*, and is engaged for next season in London. He is the son of the celebrated Rokitansky, of Vienna.—*Ibid*, Feb. 7, 1857.

Consumption of Tobacco in Paris.—The product of the sale of this substance in Paris, which in 1839 was but 9,647,783 francs, amounted in 1854 to the sum of 17,765,256 francs. Within that space of time the quantity of tobacco employed by the Parisians in pipe-smoking has doubled, and that used in cigars, quintupled, while snuff-taking has sensibly declined. Taking the probable number of persons above 15 who employ tobacco in Paris at about 420,000, we find that in the year 1854, each would smoke nearly 4 lbs. of tobacco, 143 cigars, and 4 cigarettes. Taking tobacco that is used in smoking in any way, and adding to it that employed for chewing, each individual may be calculated as consuming 5 lbs. avoirdupoise annually.—*Ibid.*

On Cholera in Children. By Dr. MAUTHNER.

Dr. Mauthner reports that in the year 1855, which was a year of scarcity, the cholera at Vienna committed great ravages. Of 78 severe cases occurring in children admitted into his klinik, 52 died and 26 recovered; while of 92 slighter cases received into the poly-klinik, 34 recovered, 10 died, and 15 were taken to the hospital. Of all the epidemics since 1831, this has proved most fatal. Of near 5,500 cases of cholera which were officially made known, one-half died; and the children, taken alone, did not exhibit more fortunate results, for only one-third of the more severe cases recovered, and altogether only one-half.

Dr. Mauthner distinguishes three forms: *cholera levis*, (diarrhœa cholerica,) *cholera gravis*, or *vera*, (vomiting, diarrhœa and cyanosis,) and *cholera gravissima*, (cholera sicca, asphyetica, fullminam.) Of all the means he has found to exert the most decided effect in children is the nitrate of silver, but, in dangerous cases, it has to be given in rapid and large doses. Thus a clyster containing two grains in an ounce of water, with some oil, was administered every hour, while every quarter of an hour a teaspoonful was given of a solution of one grain in two ounces of water. This medicine was often the only one that the child would take, that kept on the stomach while it produced no ill consequences, and always at least arrested the pathognomonic watery diarrhœa. This was not necessarily followed by recovery, for the blood, becoming so totally changed from the commencement, all often proved in vain. Frequently, however, by the cessation of the diarrhœa and vomiting, time was gained, which, in a disease of such rapid course as the cholera, is of great value.—*Journal für Kinderkrankheiten.*

TREATMENT OF ITCH.—Dr. Schubert states that he always treats itch, both in private and hospital practice, by soft soap and salt. Eight ounces of the former and four of the latter are dissolved in a quart of water, the patient being well rubbed with the warm solution night and morning. It is rather a painful application, but a cure results in three or four days, and often sooner, except in very inveterate cases, when some more days are required. The skin is afterwards well cleansed in a bath or with soap and water.—*Medicin. Zeitung.*

DR. WM. BUNCE'S ADJUSTING SPLINT.

DR. WILLIAM BUNCE would say to the Medical profession that he has invented an Adjusting Splint, which he believes for simplicity and utility in the treatment of the different fractures and dislocations, to be a decided improvement on any other instrument now in use ; and the low price at which they are afforded, he hopes will place them in the hands of every practicing physician and surgeon, who may need to have a reliable apparatus on hand for such emergencies.

The following named gentlemen have examined the instrument, and their opinion is as follows :

Columbus, Ohio, Feb. 17, 1857.

I have examined the apparatus of Doctor William Bunce. It is a combination of Adjustor and Splint, and well adapted to met the indications for which it is designed. It is really an improvement on most if not all such instruments. By the Adjustor, dislocations as well as fractures may be controlled, while by the splints, all the advantages may be obtained without many of the inconviencies incident to most of those in use.

This apparatus therefore deserves the attention of physicians and surgeons, being from its price accessible to all, and in my judgment being an improvement on things of the kind now in use.

DR. JOHN DAWSON,
Professor of Anatomy and Physiology, Starling Medical College.

Cleveland, Jan. 17, 1857.

I have examined Dr. Bunce's Adjustor, and find it a capital instrument to bring about perfect coaptation of the fragments in case of fracture.

It seems to me also well adapted to exercise extention and counter-extention in case of dislocations, having the advantage over any other instrument, by allowing manipulations of the limb during extension.

I cheerfully can recommend the instrument of Dr. Bunce to my professional brethren in the country who need to have a reliable apparatus on hand for such emergencies.

DR. GUSTAV. C. E. WEBER,
Professor of Surgery in Cleveland Medical College.

I fully concur with Professor Weber in relation to Doctor Bunce's Adjusting Splint.

PROCTOR THAYER, M. D.,
Professor of Anatomy and Physiology, Cleveland Medical College.

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PART FIRST.

ORIGINAL COMMUNICATIONS.

VALEDICTORY ADDRESS TO THE STUDENTS, AT THE COMMENCEMENT OF STARLING MEDICAL COLLEGE, 1857.

BY PROF. JNO. DAWSON, M. D.

Gentlemen: The duty of saying something to you, in the way of a Valedictory, has been assigned to me by the members of our Faculty; and I confess at once, my want of acquaintance with anything that might be regarded as proper, except what is merely suggested by the occasion. To many, "Introductories," and "Valedictories," because of the frequency of their repetition, have become somewhat stale. To the teacher and pupil, however, they will continue to be of interest, as marking the close of relations characterized by mutual toil, mutual solicitude, mutual regard.

You have now passed through the course of studies prescribed by the usages of the age, as being requisite to entitle you to the degree of Doctor of Medicine; and the Board of Trustees of Starling Medical College, at the instance of its Faculty, have furnished each of you with a parchment, upon which the proper facts are inscribed. As in everything there must be a beginning, this document merely states that it is the sense of your teachers that you are qualified to *begin* the great work before you — but, for the emergencies which your calling never fails to develop, you can only with safety depend upon continuous research, unremitting habits of industry.

You have been led to the threshhold of a profession that needs no eulogy at our hands. Its utility, nay, its indispensable nature to the races, has been stereotyped on every age within the historic period. Anciently, the veneration it received, in consequence of the labors of its most distinguished cultivators, gave rise to the practice of deifying medical men; temples were erected to their honor, sacrifices offered on their altars, and oracles consulted at their portals. Awarded to them, indeed, were the highest expressions of a grateful people. At no time since the period to which we have alluded, whether of peace or of war, has systematic medicine failed to secure among the nations of the earth the high position to which it is entitled. Homer, the most ancient and reputable of epic poets, gives a conspicuous niche among the heroes of the *Iliad* to the two sons of Æsculapius, who followed Agamemnon to the field of battle; and when one of them, Machaon, was wounded, the whole army is represented as having felt deeply interested in his recovery. The inhabitants of Argos voted to Hippocrates a statue of gold. By the Athenians he was frequently crowned, and after his death divine honors were paid to his memory. Damocedes was honored and loaded with wealth by Darius, for the cures he performed; and Cicero thought it not beneath the dignity of his pen to do honor to his cotemporary, Celsus. Among all the civilizations which the earth has witnessed, many of which, like certain animals and vegetables, have entirely disappeared, medicine has received a share of attention.

Often there is something suggested by the class of persons who engage in certain pursuits. Certainly there is an affinity between capacity, and the objects with which it concerns itself. The mind of Paganini was attracted by a fiddle, and its powers exhausted in getting from the instrument a variety of pleasing sounds. The brain of Galileo, or of Copernicus, of Franklin or of Newton, would have been inert in the presence of such a stimulus. For such, the problems of physics were provided; and between the problems and the capacities there was a strong, perhaps an uncontrolable attraction.

In this certain something, which we call medicine, a group of sciences is included. Man, his identity, properties, relations, uses and abuses, together with the diseases to which he is liable, require for elucidation nearly the entire circle of the sciences. Composed of specimen of nearly every element in the universe; and these arranged into compounds numerous; and these again into organs and apparatuses the construction and action of which involve every known principle in mechanics, chemistry and natural philosophy, the human body is also the throne of a particle of immortality — an emanation of Divinity; which, while it keeps the elements in harmonious proportions and relations, allowing of a perpetual ingress and egress of them, makes up the connecting link between man and his Creator. In short, gentlemen, man, as Pythagoras, a long time ago observed, is a *microcosm,* a little world of himself, and to comprehend him in all respects, requires nothing short of super-human power.

To such an undertaking, is it strange that the most complete and best working intellects should always have been attracted? There was a time when all that is cultivated as science "*was without form and void.*" While medicine was in this condition, it attracted the attention of those most highly endowed. Apollo, who appears in mythology as the god of poetry, music and prophecy, was the ancient god of physic, and resigned in favor of his son, Æsculapius. The Asclepiades, with whom Hippocrates was connected in lineal descent, were among the best, if not the very best, intellects that, at their day, (A. D. 400,) had, as yet, turned up. Pythagoras and Plato both studied physic, and were interested with it. The former established a medical school at Crotona for the purpose of having his doctrines taught; the latter interested himself more with the philosophy of medicine than with the details of practice. Aristotle, who created the science of Logic, and did so much in the elucidation of Nature, had his mind also attracted to medicine. He gave the Aorta its name, and showed that all the blood vessels centre in the heart. When Medicine, on the dismemberment of the Macedonian Empire, left Greece, and took up its abode for a while in Egypt, the most gifted of that country, and of Arabia, entered at once upon its study, and became curious in its researches; and from Modern Europe and America have also been drafted a large proportion of the intellect they possessed for the emergencies of medicine. In short, if the engagements of the whole mind of the civilized world could this evening be known, its best and most available portion, we have no doubt, would be found to be occupied with medicine and its kindred sciences.

So great indeed, has been the investment of capacity in different ages, that much of what was done by the ancients is credited at the present day as the closest possible approximation to the truth. Many of the aphorisms of the sage of Cos, proposed three hundred years before the Christian Era, are aphorisms of the nineteenth century.

Standing in the middle of every century since the period just alluded to, and lighting up the different departments of Nature and Art which bear in any way on medical science, have been such men as Galen, Celsus, Pliny, Avicenna, Albucasis, Vesalius, Morgagni, Pare, Harvey, the Hunters, Bœrhaave, Bichat, Laennec, Davy, and Drake. By the labors of such, our calling, from having originally consisted simply of an art, has been made to embrace universal science. A medical man now is measured, not by the patronage he receives from the community, or the sweet eulogies that flow along his path, and which no one better than himself knows how to appreciate, but from the stock of information he possesses, his contributions to his profession, and the well-balanced character of his faculties.

Celcus was great, because he was superior as a classical scholar of his day, and was well versed in all that was known. Harvey was great, because he made the greatest single contribution which has been made to science by Saxon blood. Davy and Bichat, and the Hunters owe their exalted positions to their original researches. Of John Hunter it may be said, that in almost any single matter in which he labored he has been excelled by somebody or other, but his labors, taken collectively, have never, for importance and variety, been approached. Our own Drake was great, because of the logical character of his mind, and as having furnished to his day and generation the most philosophical "*Systematic Treatise on Practical Medicines*" which the world has ever seen.

Permit me, gentlemen, to repeat, that a profession which has attracted such minds must embrace a corresponding kind of material; must embrace the subjects with which they could be appropriately occupied

It would be presumption in me, on this occasion, to attempt a survey of the ground embraced within the range of medical inquiry. The extent of the field has not been ascertained, and perhaps never will be. Nothing has been erected to which the name Science is applicable, but what, it has been discovered, as before remarked, has a bearing in some way or other on man and his diseases. The human organism, the last completed and thrown among elements that immediately operated on it for weal or for woe, in its progress through life, may be regarded as exhibiting the sum of a warfare among destroying elements. To live, indeed, is to be a victor—a hero of battles fought at almost every moment, from the cradle to the grave.

In such a field you are ready to ask, what has been done? what has been really accomplished?

An inquiry so complicated as medicine, must of necessity move slowly.

Temples of truth are built up by degrees, and require centuries for their completion. The medical man has found, at every stage of his progress, embarrassments with which to contend. The "Science of Medicine" is an integer—an aggregation of many sciences supposed to contribute to a knowledge of the nature and cure of diseases. In regard to results, there never can be the positive certainty you have connected with figures. We obtain our knowledge, not by beginning with axioms, and proceeding from the known to the unknown in the invariable order of relations; but we obtain it by *observation* and *experiment*—processes you may recognize in the writings of Hippocrates ; and that gave this author dominion over the medical mind for twenty centuries.

Incident to such a method of obtaining information, much must necessarily have been proposed, which, although at first plausible, was not found, on subsequent and more careful examination, to harmonize with truth.

In our progress, as a consequence, many things were adopted and reckoned on as truth, that had afterwards to be abandoned. And hence in our rear may now be recognized a thousand theories, that have been discarded ; but that serve as the foundation of all the partial systems of modern times. There is, indeed no humbug of modern times, but what has its prototype in the exploded and abandoned theories of the regular profession.

Notwithstanding, however, the difficult nature of the inquiry, every well directed effort has brought forth truths to the surface that can be relied upon, that can be counted upon, as something that no future experiment or observation will be likely to reverse.

There is now no apparatus of the body, but what is pretty well understood. We know the structure and uses of the osseous, muscular, nervous and vascular systems. The structure and functions of almost every organ have also been made out. The circulation of the blood is no longer the property of the medical profession, but a part of the lessons of the school-room.

Nor has progress been less obvious in other departments. Take for example the practical department—the prevention and cure of disease.

We might here take a view of the statistics of longevity of different countries, in order to see what has been done by the medical profession in the way of increasing the length of human life. But we have no time for the array of facts necessary to such an exposition.

It may be stated however, that for the last two hundred years, the period in which scientific medicine has been the most successfully cultivated, the length of human life has been continually on the increase ; a part of the time, as for example in France, from 1776 to 1843, at the rate of 52 days annually. So much for medicine in France ! These figures applied to a generation, would make it live more than three years longer now, than it would have done at the period of the discovery of the American continent.

Again, before the discovery of inoculation for small-pox, one out of every five persons exposed to its poison, died. Now only one in every fifteen hundred exposed, falls a victim to the disease.

There are certain cities that we might here name, in which the length of human life has, within a few years, by the labors of scientific medical men, been nearly doubled. Persons, the average age of whom had been but 21 years, have been made to live to be 44 years old. This was done by sanitory measures, projected by medical men.

What we have said in regard to an increase of the length of human life through the agency of educated medical men, applies to the period of the two hundred years preceding 1830. Since the period of 1830, we have something furnished in the way of *negative* evidence. All know that at about this time, we had the commencement of an avalanche of irregular systems. It is not necessary to enumerate them. Every imaginable absurdity, from that of scalding out morbific matters from the body, to that of subjecting it to the power of hydraulics, or to the powers, if such a term might be allowed, of *negation,* has been in its turn invoked. A result of this state of things has been, that the confidence which, for two centuries had been reposed in medicine, and which had been thought to have become organized, was found to be disturbed—the public mind operated upon by periodicals, newspapers, interested under writers, and forged certificates of wonderful cures performed, became in time inoculated with doubts ; and the scepticism has extended to all the ramifications of society. Indeed, it is not saying too much, when we assert, that it is our belief, that every other man and woman have had their minds poisoned by some of these systems of ignorance and fraud. What now has been the result of this state of things on public health?

We have no statistics that are complete for all the regions that have been visited with these epidemics of quackery—but where they have been kept they are significant.

The last annual report of the Registrar General of England, shows that the annual per cent. of deaths:

Between 1813 and 1830, was 1.94.

Between 1830 and 1844, it was 2.18.

In Massachusetts, where the people have had, for a while, a law for the collection of vital statistics, we find things as follows:

Between the years 1810 and 1820, the average age of the people of Boston was 27-85 years.

Between 1840 and 1845, it was 21-43 years.

Again, the annual deaths in Boston in 1830, amounted to one in every 48 of the inhabitants. In 1845, the annual deaths in Boston, amounted to one in every 38 of the inhabitants.

In one of our southern cities, Natchez, a registration law has been in operation for some years, and the statistics obtained have been carefully examined by Dr. Cartwright. In 1830, while the city was under the care of medical men, the annual mortality was one in 34; in 1837, after the introduction of the "steam," and other systems of similar character, the annual mortality was 1 in every 24 of the inhabitants.

Such figures show that when a community loses sight of scientific medicine, loses sight of the wholesome teachings of those who understand best the prevention and cure of disease, the penalty is premature death.

Patronizing Science, a community of people it seems live from six to ten years longer than it does when medicated indiscriminatelv by the humbuggeries of the day. This is found to be the case in all the places where the proper inquiry has been instituted. It is true in England as we have seen, where there has, within the time, been a run of Hydropathy and Homœopathy. It is true of the State of Massachusetts, and of a Southern city where we have had the coursest systems of quackery. Had vital statistics been kept in our own State, or in our city, the same truth would be developed here. A generation of people in this city of Columbns, under the influence of the so-called improvements, which take root and flourish in our midst, there is every reason to believe die prematurely—is robbed of from six to ten years of its existence.

So much in the way of negative evidence. As we see the educated medical man superseded, we see also the results. We have as yet, however, seen them but dimly. Actuated by the noblest and most heroic of impulses, the physician has stood his ground, and where the infatuation has not been uncontrollable, he has stepped forward and abridged what would otherwise have been the bills of mortality.

In this connection I might allude to what is being done, *in modern times* to still further perfect our science.

If you will compare our means of diagnosis now with what they were half a century since, you will see much to admire. Physical exploration has been so improved and perfected, that many diseases upon which the best educated physician of former times was compelled to look with an almost vacant stare, are now recognized, located accurately, and prescribed for upon principle.

The application of the microscope to the elucidation of healthy and diseased structures, is a modern improvement—an improvement that has very much enlarged the boundaries of natural science, and conferred upon medicine a knowledge of the treasures that make up the substratum upon which it seems to rest. Much of our modern literature is made up of the revelations of the microscope. Indeed, no modern text-book is now complete without it embraces microscopical information.

Of equal importance are the revelations of Chemistry. More or less of this science, which presides over the atoms of matter, and explains all the circumstances connected with atomic action and reaction, has been known to the medical man since the Arabic period of Medicine, but his approximation of late to a more intimate acquaintance with it, is a modern improvement.

The ton and a half of matter, in the way of food, drinks and oxygen, annually taken into the system of a healthy adult, for the purpose of sustaining the body, is fixed in its place as nutritious matter under the influence of chemical law—the law of chemical equivalents. Then, again, after it has served its purpose and is ready to pass from the system as effete and useless, the departure is not a disorderly one. Chemical laws obtain again—new compounds are formed, if possible, still more complex and interesting. Not an atom, indeed, or a compound, escapes the observation of the chemist. He now post-mortemises a dead blood corpuscle of the $\frac{1}{4000}$ of an inch in diameter, or the one ten-thousandth part of a grain of waste matter, and from the one or the other, constructs sometimes a rational idea of the disease with which the particle died.

In short, Chemistry has unfolded before us all the conditions of vital existence, whether the body be moving in accordance with physiological laws or under the influences of morbific agents. I commend to you, therefore, modern Chemistry as an attractive department of medical science; and a branch, the practical results of which you will find, in your every day intercourse with the sick, invaluable.

We might dwell on other branches where progress is equally obvious. The occasion, however, does not permit.

From the workings of the best minds on both continents, we are now annually receiving contributions. Most of our present stock the medical historian will observe, has been contributed within the last two centuries, and very much of it indeed, within the last fifty years. The longer of these periods, is but an hour, when compared with even the reputed time our race has had an existence on the earth. With such a fact before us, who can predict without sujecting himself to the charge of enthusiasm, what a period of equal duration in the future will bring forth?

Young gentlemen, it might now seem proper to offer you a few thoughts, however imperfect they may prove to be, in regard to your future. After to-night you are candidates for public patronage as Doctors of Medicine, and you are now at the most favorable angle to take a view of the elements of success in professional life. It is true, that from this point you cannot see all the emergencies you will be compelled to encounter; yet it is equally true, that now is the time to make the investment which will avert trouble, and that will give you the proper position in society. A matter that there is some danger that you may overlook, is, that you must be the architects of your own stock of knowledge, as well as of your pecuniary fortunes. All men of character have been *self-educated.* Such were Fulton, Rittenhouse, Bouditch, Washington, Franklin, and all the great spirits of medicine.

The legacies left to the world by those who have been conspicuous and useful in the medical profession, have been accumulated by the silent process of self-education. The curriculum of studies, to which you have been subjected in your collegiate exercises, amount to nothing more than a *directory* of what is to be done; or rather, it instructs yon how to instruct yourselves.

The way thus pointed out, your success now depends upon your own efforts. If on *self-examination* you discover a deficiency in the elementary branches, turn back at once and study them up — for without soundness here you are in daily danger of doing mischief. Or, if you find your literary knowledge limited, devote a part of every day to making yourselves acquainted with what will always be an important auxilliary to you; besides, such information will make you the welcome companion of learned society throughout the world.

I might say in this connection, that intellectual, no less than physical labor, is eminently promoted by good order. As far as possible the physician's time should be systematized. A portion of it set apart for practical duties, and a portion for culture.

You will excuse me for calling your attention to a matter, that I think needs, to say the least of it, criticism. I allude to the office of the physician, the pathological council chamber, the *studium.* How essential is it that this little tenement be a model of neatness and good order — "a place in it for everything, and everything in its place." But what do we too frequently find to be true? A room 8 by 10, and generally the worst in town, is selected as amply sufficient to hold furniture, books and medicines — to serve also as the reception room for patients, friends and so-forth, — (the "so-forth," you may translate, if it suits, to mean loafers.)

The little tenement soon presents a scene of disorder. Books and medicines become indiscriminately mixed together — tincture bottles loose their stoppers, packages of medicine are left open — the pocket case of surgical instruments is found on the medicine shelf open, the instruments rusty and scattered in different places through the room; the microscope occupying some exposed situation, its oculars and objectives covered with dust; the tooth-drawers, perhaps on the writing table, its fulcrum covered with the blood of the last captured enemy from the ranks of dentagra. Add to this a dirty floor, covered over with tobacco juice, the part around the stove occupied with the stumps of old cigars, and the spittoon supporting a pyramid of chews of tobacco, and you have not an over-wrought picture of what is too frequently found to be true of some of our offices.

It is not necessary to say that all this is wrong. No brain, it matters not what are its native powers, can move well under such circumstances. The disorder of such a place will soon find its counterpart in the intellectual abortions of its occupant.

Make your surrounding, young gentlemen good, as perfect and as pleasant as your means will allow. Dispose everything about you so that it will contribute to *stimulate*, rather than embarrass your studies.

A few words on your new relation to the medical profession and to society:—

"Every individual on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness." Each one of you no doubt feels, on receiving the professional mantle to night, the full measure of responsibility. As the fathers have labored to contribute something to the general stock, so must you. As they have raised up a wall between the honest men of the profession and the mere medicine mongers, it is expected of you, that you will build it higher.

To a class of Chinamen, of Hindoos, or indeed of any variety of the yellow race of mankind, it might appear appropriate to say that moral rectitude should constitute the substratum of all the movements of the physician. But to an Anglo-Saxon this is simply unnecessary. The principle alluded to is an organic maxim of our kind of civilization, that applies with equal force to all the pursuits of life; and we believe, that it may be stated with great propriety, that nine-tenths of all the failures in the avocations of life are but commentaries on its violation. A physician without it is not to be tolerated in civilized society.

Connected with every association that involves mutual exercise of duties, there are usuages and amenities, that to some extent are peculiar to each. Something of this character we have in the medical profession, in what is called our "Code of Ethics," rules to regulate the intercourse between physicians, and between physician and patient.

These rules, gentlemen, are not the result of eccentric taste, fastidious whims, or morbid sentimentality. They have descended to us from the sages of the profession, and may be regarded as presenting their judgment of what is proper. A careful examination of them will convince you of their wisdom and utility in professional intercourse.

As long as you observe these rules you will find yourselves in the company of gentlemen. A violation of them will at once let you below the *status* of manhood. As you respect, therefore, your "*Alma Mater,*" cherish also, wherever you find them, the counsels of the good and great, on whatever pertains to the interests and welfare of your profession.

Art. II.—*On the Dietetic Management of the Sick and Convalescent.* By Dr. J. A. McFarland. Read before the Medical Society of Seneca county, Ohio.

In a large proportion of the maladies that come under the notice of the physician, his opinion is asked, and must be given, in regard to the diet of his patients. He must decide when it is proper to allow nourishment, and when to forbid it. He must say what *kind* of food is best, *how* it should be prepared, and *how much* should be given. To be able, *always,* to answer these questions correctly, or even to his own satisfaction, is more, perhaps, than will be claimed by any respectable practitioner. Still they are questions of vital interest, and I wish I were prepared to discuss them, in some degree, commensurate with their vast importance. My object, however, at this time, is merely to direct attention to the dietetic management of the sick and convalescent, and, by so doing, to elicit some profitable discussion upon the subject.

In the organization of this Society, it was contemplated that each member would derive some benefit from our Association, but in order that this may be effected, it is necessary that each and every one manifest on all occasions a willingness and a pleasure to communicate the results of his reflection and experience. It is not expected that doctors will always agree, will always have precisely the same views and opinions upon all questions; but it is expected that, in an Association like ours, their views and opinions, whatever they be, should be freely advanced. We come together for mutual instruction, and each has a duty to perform. No one should feel at liberty to withhold what he regards as valuable, nor remain silent when he believes his brother to be in error. Such being my sentiments, I may as well say in advance, that I will be pleased to have gentlemen present take up and criticise with the utmost freedom any of the opinions I am going to advance. If I am mistaken, it is my interest to know it, and, if convinced of error, I shall not hesitate to abandon it.

Some of our professional brethren seem to imagine that nine-tenths of all the relapses and deaths occurring in their practice are fairly attributable to the commission of certain errors in diet. Their patients, at least such of them as prove the most unmanageable, are almost always, as they suppose, eating *too much,* or if not too much, they are sure to get a taste of something that they never should have tasted, touched, or handled. It is not at all uncommon, upon visiting a patient, and finding him worse, to suggest immediately, that the untoward symptoms must be the result of improper food or excessive feeding. And if it so happens that any nourishment was taken during the last twenty-four hours, the doctor's opinion is at once confirmed to the satisfaction of all concerned, and it only remains for him to say, in justice to his professional sagacity, "I know it was so, I could not be deceived in a matter of this kind." Now, in this instance it is very possible that the doctor may be mistaken; but whether or not, it is very "unsafe as well as unphilosophical, to jump at conclusions." In a case like the one just mentioned, much careful inquiry is necessary to trace effects back to their origin. Time is an important element in all investigations; and though the physician's time may be precious, the life of a fellow-being is much more so, and hence nothing can justify such errors as result from sheer precipitancy. It does not *necessarily* follow that whenever a patient is worse, soon after taking nourishment, it is owing to irritation caused by the ingested aliment. It should not be forgotten that besides improper eating, there are many other things capable of acting injuriously upon the system when laboring under disease or debility. Among the most frequent of these I would name many of our therepeutic agents—the medicines that are employed to assist nature in throwing off the disease. It is certain that our remedial agents are not usually of that class so frequently prescribed by well-meaning old ladies, with the assurance that if they will do no good, they can do no harm. On the contrary, many of them are capable of doing a vast amount of mischief. If they are not indicated in the cases prescribed for; if, for instance, we employ antiphlogistics when stimulants are needed, or *vice versa,* shall we expect, at our next visit, to find our patients better? If, when brandy or some such potent stimulant is demanded, is it not irrational to suppose that the same case would tolerate the free use of blood-letting or antimonials?

It is nevertheless true, that such *grave* mistakes are occasionally committed even by those who love to descant upon their long professional experience.

At the onset of the disease, (in a general way,) many blunders may be committed with comparative impunity, for there may then be sufficient vital resiliency to withstand the combined attack of disease and doctor. But subsequently, especially about the crisis or turning point, the closest scrutiny, and the nicest discrimination, are sometimes necessary to avoid fatal mistakes. The anxiety and embarrassment of the practitioner on such an occasion, it is not easy to describe. But, once at the bed-side, there is no way of backing out. He must act, and assume the responsibility. If he strike in the dark, he may possibly make a "good hit," but not unfrequently, the patient, and not the disease, acknowledges the force of the blow. The ablest men in the profession, the most experienced and skillful, are often puzzled and mistaken, and the first to confess and lament their blindness and ignorance. No one will doubt that a great deal of medicine is swallowed with the effect of aggravating the illness it was intended to remove. If this be true, and I think nobody will contend for the contrary, how much better, in many cases, to "throw our physic to the dogs," and give bread pills, or something equally harmless, trusting the issue to the good management of the Vis Medicatrix Naturæ. Cases involved in much obscurity, and yet not demanding immediate interference, or diseases more imaginary than the result of organic derangement, may be left, for a brief period, to the recuperative efforts of nature. A *placebo* is sometimes the best remedy we can give.

Were it necessary, it would be easy to adduce a formidable list of authorities in support of the position, that improper medication has been productive of a vast amount of evil. I will make, however, a short quotation from Watson's Practice of Physic, to show the author's opinion of the result of medical treatment in a single disease, namely, epidemic or Asiatic Cholera:

"Never, certainly," he says, "was the artillery of medicine more vigorously plied, never were her troops, regular and volunteer, more meritoriously active. To many patients, no doubt, this busy interference made all the difference between life and death. But, it the balance could be fairly struck, and the exact truth ascertained, I question whether we would find that the aggregate mortality from cholera, in England, was any way disturbed by our craft. Excepting always the cases in which preliminary diarrhœa was checked, *just as many*, though not perhaps the same individuals, would probably have survived, had no medication whatever been practiced." The meaning of Dr. Watson is simply this: that in confirmed cholera, the doctors have killed just as many as they have cured. This acknowledgment, anything but flattering to the pride and dignity of the profession, might, perhaps, be as near the truth, if made in reference to some other malignant epidemics. But it is only necessary to glance at this subject, to awaken the sad memories of almost every practitioner.

But again, morbid action may be aggravated, or, in convalescence, it may be renewed, by any thing giving rise to strong mental emotions. The most careless observer must have noticed the great influence exerted by the mind over all the organs of the body. The vascular, nervous, muscular, and glandular systems all acknowledge its power, whether in sickness or in health. The emotional manifestations are sometimes those of excitement, sometimes of depression, and in either case, when the intensity is great, or the vital resistance feeble, the result may be disastrous. Terror, as well as joy, when excessive, has produced instantaneous death. Grief and anxiety are constantly sending their victims to the tomb; and the same may be said of all the stronger passions. Knowing these things to be true, it behooves the physician to bear them in mind while making his clinical observations. Knowing that pathological phenomena may be greatly complicated and intensified by such causes as those adverted to, and knowing that such occurrences are far from unfrequent, the practitioner should never neglect to study most carefully the state of the patient's mind, to discover, if possible, any unbalance of its normal condition. Mental excitement, as from joy or anger, will act as a material stimulant, and like other stimulants, may be productive of much mischief; while, on the other hand, mental depression, induced by the apprehension of danger, or from whatever cause, will have the opposite, but not less injurious effect upon the system. One of these states of mind is often present in sickness, and if overlooked, as is sometimes the case, the danger of dying may be greatly enhanced. There is no stimulant that can arouse and sustain the sinking energies of the heart, so effectually, as *the great life-preserver—Hope.* To rob the patient of hope, is to destroy his chances of recovery. To alarm him with the fear of death, is one of the most effectual means of hastening a fatal termination. On the contrary, nothing is more conducive to the restoration of health, than a tranquil, cheerful, hopeful disposition of mind.

If, from any cause, the practitioner loses the confidence of his patient, especially in any acute or protracted illness, he will find much trouble in conducting the case to a favorable termination. It is all-important, therefore, that he secure and retain the confidence of those who place themselves under his professional care. But this, however, is not always possible. A patient may have whims and prejudices, which, if not gratified, will lead him to doubt the skill or judgment of his medical attendant. Or he may be surrounded by those whose preferences are for some other doctor, or some different system, and who at once go to work endeavoring to convince the patient that he is in dangerous hands, that it is his interest, as he values his life, to dismiss the attending physician, and call in another. Such officious friends will tell him his physician has mistaken the true character of his disease, that he is giving the wrong medicines, or that his medicines are poisons, and, that unless something else is soon done, he will most certainly die. All this is very common, much more so, perhaps, than we are apt to imagine. In this way the patient is excited and alarmed ; the nervous system is thrown into irregular action, the heart's movements are hurried, and congestion, pain, and febrile excitement follow in rapid succession. The patient is evidently worse, while probably neither he nor his physician is able to divine the reason — nor will physic, low diet, or starvation be likely to control the unfavorable symptoms thus developed.

What has hitherto been said, though somewhat digressive, has considerable bearing upon the subject under consideration, pointing out, as it does, certain agencies very often overlooked, in tracing out the causation of those discouraging mutations from bad to worse, which, not seldom, it is our misfortune to witness, during the progress of disease. A great variety of kindred examples might be mentioned, but the few we have given are enough for our present purpose.

The chief errors committed in the use of food have reference, first, to *quality*, and, second, to *quantity*. Food may be improper from certain qualities inherent in the article itself, or from changes induced by the operation of chemical, culinary or other agencies. But in speaking of the quality of food, and of its fitness, or unfitness, as such, we generally have reference to its adaptedness to special states or conditions of the system. Food, like medicine, which in one case, would be the very best possible, might in another be altogether unsuitable, if not decidedly injurious. For instance, *sour crout* may act like a charm in scurvy, but it does not follow that its use would be equally beneficial in gastritus or cholera morbus.

Then, again, we must not forget the controling influence in *habit* and *idiosyncrasy,* nor fail to be governed, in practice, accordingly. There is much truth in the time-honored aphorisms that "habit is a second nature," and that "what is one man's meat may be another's poison."

However, as a general thing, it is easier for physicians and intelligent nurses to select the proper *kind* of food, than to determine, with certainty, in each particular case, whether *any,* or *how much* should be allowed. That food, every sort of nutritious matter, is *wholly inadmissable* in certain pathalogical conditions of the digestive organs, or of the general system, is a proposition that need not be urged, as its truth, I believe, is universally admitted. Indeed, there are diseases, where its use is not only improper, but we might add impossible, as in acute gastritis, for example, in which every kind of nourishment is immediately rejected. In cases like this, the language of nature can scarcely be misinterpreted, even by the most ignorant. Here, the appropriate stimulant of the stomach becomes an irritant as hurtful as light to the inflamed eye, and, of course, its disease is imperative, at least till the inflamed organ is partially restored to its normal condition. But there are other organs, also, inservient to the nutritive function, and a morbid condition of these may sometimes compel the entire abandonment of all kinds of food. In most of such cases, however, the stomach is also implicated. Thus in fever, whether bilious or typhoid, there is probably, more or less organic lesion throughout the entire apparatus concerned in digestion and assimilation. The salivary, gastric, hepatic, pancreatic and other secretions are either suspended or greatly vitiated. During this state of things it seems very evident that alimentation is out of the question. The consumption of food should be deferred till the system is, *in some degree,* able so to act upon it, as ultimately to convert it into the various tissues of the body. In the *early stages* of acute diseases, as a general rule, little or no food should be taken, and *most generally I would say none.*

But, the error of nourishing patients too much is mostly chargeable, not to the medical adviser, but to the sick themselves, or their nurses. Not so, however, when the opposite error is committed, that of withholding sufficient sustenance. This is almost always in obedience, to the strict, and repeated injunctions of the physician, and not unfrequently in opposition to the inclination and entreaties of the patient and his friends.

Now, there is reason to believe that a too rigid and protracted abstinence is not unfrequently enjoined in the treatment of various diseases; and furthermore that the distressing, and often fatal results of such abstinance are commonly attributed to other causes than the true one. In support of this position we refer to Williams' Principles of Medicine, when after making some general remarks upon defective nourishment, the author says: "Even in less degrees of abstinence enjoyed in the treatment of disease, symptoms of vascular and nervous irritation often arise in the midst of general weakness. By many practitioners of the Bronsain school, these symptoms are erroneously taken as indications for an *increase* of the antiphlogistic plan, when a judicious return to nourishing food will really prove the best cure." Dr. Copland says "many cases have occurred to me in practice, when the antiphlogistic regimen, which has been too rigidly pursued, *was itself* the cause of the very symptoms, which it was employed to remove. Of these symptoms the affection of the head and delirium, are the most remarkable, and the most readily mistaken for an actual disease requiring abstinence for its removal." Dr. Carpenter, in his work on Human Pnysiology writes: "The fatal termination of many exhausting diseases are really due to chronic inanition." Again, after describing the symptoms of starvation, and the results of a deficient alimentation, he remarks: "It is extremely important that the medical practitioner should be aware that many of the phenomena above described, may be induced, by the adoption of a system of too rigid abstinance, in the treatment of various diseases, and that they have been frequently confounded with the symptoms of the malady itself, and have led to an entirely erroneous method of treating it."

Here, then, we have the testimony of several of our best authorities going to establish the principle that too much of a good thing is good for nothing; in other words, that the best things in the world are subject to abuse, and so with the plan of no diet, or a very abstemeous one.

In the low forms of fever, there is considerable danger of pushing the starving regimen, to too great an extent. This is especially true of those cases that run a very protracted course. In the treatment of this class of fevers, I think it a good general rule, to commence nourishing the patient before the disease has made much progress, certainly before the supervention of severe adynamic symptoms. It is less dangerous, in my opinion, to commence a little too early, than too late. The reason for this is found in the fact, that when food has been too long withheld, the digestive organs seem to lose, in a greater or less degree, their accustomed powers. Insufficient nutriment, as shown by the experiments of Chassat, produces an incapability of digesting even the limited amount supplied. "It seems," says Dr. Carpenter, "as if the vital powers were not sufficient to furnish the requisite supply of gastric fluid, when the body began to be enfeebled by insufficient nutrition; or perhaps we might well say, the materials of the gastric fluid were wanting."

The total disease of an organ, when its integrity is somewhat affected, is not always required for its restoration. For every lesion of the organ of sight, it is not deemed necessary to exclude the light or to interdict the exercise, of its appropriate function. Let us suppose that, in an ordinary case of catarrhal opthalmia, the eye were kept in darkness for a fortnight or more, what would be the result of such treatment? Increased weakness of the eye, and diminished capacity for the performance of its special office would be the inevitable consequence. Now, I apprehend that the same principle will apply with equal force, to cases of unnecessarily protracted abstinences. The stomach, like the eye, and every other organ, must grow weak from inaction; and, other things being equal, the debility or loss of tone will be proportionate to the duration of the antiphlogistic regimen. If this be so, there is danger, not only that the stomach may refuse to digest what is taken into it, but also that serious injury may thereby be induced. It can hardly be expected that a patient who has eaten little or nothing for ten or fifteen days, can bear with impunity, the craming process, which is sometimes practiced, when the sinking stage is fairly developed. The transition thus made, is too great and sudden to be beneficial. If this had been commenced at an earlier day, and conducted carefully, and gradually, the result would doubtless be more propitious.

In this connection, it may be proper to advert to the fact, and it is one of great practical importance, that children will succomb much sooner than adults, when deprived of an adequate supply of nutriment. During the period of growth, absorption and deposition, or decay and regeneration of the tissues, are more rapid, than after the completion of maturity; and hence, the more urgent demand for a supply of the elements of nutrition. The younger the child, the sooner will it sink from the exhaustion of overmuch abstinence; and I have no doubt that many a death, among those occurring in early infancy, is the legitimate result of this error.

And now, in conclusion, I would repeat, that though a rigid abstinence is all-important in the management of many of the "ills that flesh is heir to," and though a disregard of its observance is often coincident with the failure of all other remedial measures, it is nevertheless equally important that the invalid be supplied, *in due season*, with an amount of nutriment proportionate to the wants of the system. It is said, "There is a tide in the affairs of men, which, taken at the flood, leads on to fortune." Thus, too, I believe there is a period in many diseases, which, if improved in the way I have indicated, will as certainly lead to the establishment of convalescence. The chief advantage possessed by one practitioner over another, consists, not unfrequently, in the ability to detect the precise period, when it is proper to pass from one class of remedies to another. It is much more common for medical men to agree upon the treatment proper, during the first than the subsequent stages of diseased action; and yet the hazard to life, from any important error, cannot certainly be less in the latter than in the former. Now, it is during these subsequent stages, sooner or later, that the supporting plan of treatment must be commenced. But a few days, earlier or later, is not a matter of indifference. Nutriment should be given just as soon as it is needed, and no sooner. As a general rule, it is needed and should be given when the appetite demands it. The appetite, or hunger, is a natural feeling intended to warn the individual that his system is suffering for want of food. When the appetite is natural, and not the result of artificial stimulation, there will be little danger in gratifying it. I cannot but think we are quite as safe, when acting in obedience to the promptings of natural appetite, as when governed by this or that theory, however plausible, or however well supported by the authority of many great names.

Whatever is most desired by the sick, and most grateful to their feelings, we generally find to be the most beneficial. Thus, in febrile affections, what more grateful, what more beneficial, than a free circulation of air, and a plentiful supply of cool water? And yet both are still regarded by some who call themselves physicians as positively pernicious.

But, in many cases, there is no appetite, or so little that the patient seldom or never thinks of taking food, unless asked to do so. In these cases, the organs of digestion and assimilation are deficient in vital activity, yet retaining a sufficiency to dispose of very moderate quantities of nutriment, beneficially. Such cases are not unfrequent in those low and very protracted fevers of a typhoid complexion. Until we discover some plan whereby to cure these, in a more summary manner than heretofore, it will not answer to withhold food until the fever is entirely subdued. Such practice, whatever its effects upon the fever, would be most hazardous to the patient. This will be readily understood, when it is recollected that the nervo-muscular prostration is very considerable, even at the commencement, and that this goes on increasing, for a period sometimes considerably over a month. Add to this the extreme wasting of the various tissues of the body, the half-empty state of the blood-vessels, and the impoverished condition of the blood, together with a reduction of the animal heat, and it seems there is reason sufficient for attempting the cautious administration of aliment, at an earlier day than is the custom of some practitioners.

PART SECOND.

PROCEEDINGS OF THE OHIO STATE MEDICAL SOCIETY

AT ITS TWELFTH ANNUAL SESSION,

Held at Sandusky, Commencing Tuesday, June 2d, 1857.

FIRST DAY — MORNING SESSION.

The Ohio State Medical Society met at Norman Hall, in this city, this morning, at ten o'clock, about sixty members being present at the opening. The President, Dr. Peter Allen, of Trumbull county, took the chair and the meeting was called to order. He was supported by Vice Presidents, Drs. John Davis, of Dayton, J. G. Rogers, of New Richmond, and Dr. Cotton, of Sandusky. Rev. W. S. Kennedy, who was present, was invited to open the meeting by prayer.

The Secretary being absent, Dr. Donahoo, of Sandusky, was appointed Secretary *pro tem.*

The Chairman remarked: If there be any communication from the Executive Committee, it will now be in order; whereupon, the chairman of the committee reported in writing, as follows:

The Executive Committee of the Ohio State Medical Society respectfully submit the following report:

They have secured to the Society the use of the Hall in which we are convened, free of charge, with the exception of gas and hire of Janitor.

It is recommended that the Society convene at 8½ o'clock, A. M., and continue in session until 12 o'clock, M., and from 2½ o'clock to 6 P. M., of each day, except Thursday afternoon, when the Society is invited by the Erie County Medical Society to take an excursion to some of the adjacent islands on board the steamer Bay City

It is further recommended that the Society accept the invitation of the Erie County Medical Society to attend the lecture of Dr. I. I. Hays, to be delivered Tuesday evening, and that Wednesday and Thursday evenings be devoted to social recreations, in compliance with the invitations of several of the citizens of Sandusky.

That the order of business adopted at the meeting of the Society at Dayton be made the order of business for the present meeting.

All of which is respectfully submitted.

Daniel Tilden, Ch'n.

Dr. Tilden then proceeded to deliver the welcoming speech on behalf of the Committee, to the members of the Association. He said: —

Mr. President, Members of the State Medical Society, and Gentlemen of the Profession of Medicine: By the courtesy of my brethren of the Erie County Medical Society, I have been designated to tender to you in their behalf a cordial greeting to our midst; and through them, on the part of the citizens of Sandusky, to extend the most liberal hospitalities our homes afford. I trust we may be able to furnish assurances of wholesome sincerity, and a just appreciation of the honor conferred in selecting this city as the seat of one of our annual deliberations. In the discharge of the pleasing duty assigned me, I deem myself sanctioned in reverting to scenes which gathering years have robbed of their realities. Forgetfulness throws its sable pall over the dimly written records of even yesterday, and leaves but a feeble trace of that which filled the measure of our obligations; yet, anon, a "trifle light as air," a long forgotten sound, or once familiar voice renews existence and gives birth to a flood of recollections. The doors of the mighty past swing back upon their hinges, we stand within its consecrated halls, and behold in just perspective a panoramic view of days by-gone. This digression is suggested by reason of some of the countenances I see before me to-day bringing forcibly to my mind a drama long since enacted. I trust the strict province of the duty so generously conferred is not violated by unfolding the curtain of the past and reverting to the saddened days of '49. I do not desire to open wounds which time has partially healed, but cannot withhold the utterance of the emotions your attendance at this convention produces. That desolating visitation which hovered round our homes and affixed its fatal seal upon our hearth-stones is gone, but the fond memory of those who responded to its fearful biddings is with us still, and with that memory dwells the grateful remembrance of those of your number who came faithfully to the mark and on the score of common brotherhood made our calamity your own. The spot upon which those valuable services were rendered is an appropriate place to tender an acknowledgment, and this occasion seems fit to its fulfillment. I do not speak alone. I but utter the common sentiment of a community deeply impressed with sentiments of lasting gratitude. A thousand happy hearts and cheerful faces greet you to-day, and the sincere benedictions of as many grateful hearts will accompany you forever. I would not wantonly transgress upon premises which have been referred to other and more able pens, or encroach upon the time allotted me. I solicit your kind indulgence, therefore, but for a moment to express the feelings of pride and satisfaction which this occasion furnishes. Not quite half a century since I commenced the practice of our profession in this country, and in an humble capacity have to this day continued to discharge in good faith the obligations it imposes. I am thankful for having been thus long permitted to labor for the alleviation of suffering, and only hope that I may be spared to do faithful service for many years to come. It is impossible to present a distinct idea of the obstacles in the pathway of the physician of early times, and an attempt on my part would perhaps prove fruitless. Almost impenetrable forests and undrained marshes, meagre supplies of the necessaries of life, and none of its comforts, together with the wearing effect of constant intercourse with the maladies incident to the settlement of a new country. The people, not at all times capable of discriminating between the legitimate man of science and the boasting pretender, were subjected to the impositions of this precious class of individuals.

The reputation of the true physician suffered much from this unhappy intermixture and demanded a remedy. Exertions were speedily made in this behalf. The very many beneficial effects which had always resulted to society and to the profession from concentrated effort in the form of organization in our sister states had long been apparent. Application was thereupon made to our Legislative Department, which accordingly on the 8th day of February, 1812, passed an act to "incorporate a Medical Society and to regulate the practice of Physic and Surgery," in this State. Ohio, then in its infancy, contained but seven Medical Districts which, in pursuance to this act, were fully represented at a convention of physicians, held in the town of Chillicothe, on the first Monday of November of the same year. Many important measures were brought before that learned body which form an interesting and instructive page in the medical literature of our State; yet I do not deem it properly within the limits of my duty to enter into their discussion. Our General Assembly were anxious to have it appear upon record, that marked benefits had resulted to society by reason of this organization, as appears by the following complimentary preamble to an act passed Feb. 26, 1824, (whereas, well-regulated socicties *have been found* to promote the health and happiness of mankind,) &c. An interim of 12 years between the passage of the enactments referred to, seems to have furnished adequate authority to justify the declaration that medical organizations *had been found* to promote the advancement of a correct knowledge of the healing art. By the active exertions of those who have been found faithful in promoting the good of our profession, we find ourselves to day assembled on the threshhold of the twelfth of our annual deliberations under our new charter. The goodly number I see before me, warrants the conclusion that there is no faltering on the part of the physicians of Ohio, in the laudable undertaking in which they have embarked. On the contrary, I am proud to say the spirit which seems to pervade this assembly, betrays an increasing interest in the dignified objects which pertains to its organization and vouchsafes to us ere long the consummation of our wishes. A rigid adherence to our constitution, and particularly to those rules in relation to the admittance of members, will soon strike dismay among the vast army of impostors and empirics who have so long infested society. A membership in this society or some of its branches will constitute a passport to the confidence of a discerning public and mark the man as being possessed of those substantial qualifications belonging to the legitimate practitioner of medicine. This seems to be the only conceivable plan by which the chaff can be sifted from the wheat, and the pure coin separated from the spurious; and were I this day called upon to adjust my final account, I could not bequeath a legacy to my profession which would more gladden my heart than power to perpetuate this institution. To the younger members constituting the delegated body of this convention, I beg the privilege of saying —let it be your aim to preserve its existence inviolate ; regard its well-being as a point indispensable to professional success, and as the most effectual and speedy method of renovation. You discover among our number a few whose heads are whitened by the snows of seventy winters—the representatives of an almost forgotten generation. Daily combat with the king of terrors has left its trace ; yet, there is no faltering, no hesitation when distress knocks at the door, even at midnight. They whose pilgrimage on earth, like the despised Nazarene, had been to go about doing good, are with us in council ; and the hand which thus long has been outstretched but to relieve, still strikes with vigor for the advancement of our profession and the good of mankind.

The address was received with applause, and it was moved that the report of the Executive Committee be received and adopted, and that the address be placed in the proper hands for publication. Carried.

Dr. W. P. Kinkaid moved that a recess of ten minutes be taken to allow members an opportunity to register their names, for the use of the Secretary. Carried. Whereupon, the following members enrolled themselves:—

T. J. Mullen, New Richmond; Frederick S. Hurxthal, Massillon; L. Firestone, Wooster; H. Metz, Massillon; John G. Kyle, Xenia; W. W. Jones, Toledo; J. C. Maggeni, Fayetteville, Brown county; C. F. Thomas, Pomeroy, Meigs county; E. P. Fyffe, Urbana; John Dawson, Columbus; L. M. Smith, Columbus; Samuel Wilson, Wooster; M. B. Wright, Cincinnati; J. G. Rogers, New Richmond; J. Davis, Dayton; John G. F. Holston, Zanesville; S. C. Blackburn, Kentucky; James Hitchcock, Port Clinton; H. R. Cushing, Cleveland; Guster C. Weber, Cleveland; Proctor Thayer, Cleveland; Julian Harmon, Warren; Henry Spellman, Medina; W. P. Kinkaid, Neville, Clermont county; Robert Thompson, Columbus; J. N. Green, Bainbridge, Ross county; H. S. Conklin, Sidney, Shelbey county; J. N. Gard, Greenville, Darke county; E. B. Woods, Warren; A. H. Baker, Cincinnati; W. H. Harper, Lima, Allen county; J. A. McFarland, Tiffin; J. N. Burr, Mount Vernon; Richard Gundry, Dayton; Peter Allen, Kinsman; J. A. Coons, Dayton.

Dr. Robert Thompson, of Columbns, introduced to the Society Dr. J. C. Blackburn, of Kentucky, a delegate from the Medical Association from that State, and moved that he be admitted to a participation in the proceedings. The motion was carried, and the Chairman welcomed the delegate in the following terms:

We are happy to receive you as a delegate of the Kentucky Medical Society. Our object is to cultivate good feeling among the members of our profession, and we shall be happy to have you participate with us in discussing the subjects which shall come before us.

Dr. Thompson called attention to the fact that the standing committee was an important committee, and that, as many gentlemen present would like to enroll themselves as members of the Society, he moved that the committee on Admissions report the names of applicants, which motion prevailed.

Dr. R. R. McMeens offered the following resolution:

Resolved, That a committee of five be appointed to nominate officers for the current year, to report as early this afternoon as practicable. Adopted.

The following gentlemen were nominated a committee on Admissions: John Davis, Chairman; F. S. Hurxthall, T. J. Mullen, L. Firestone, and W. P. Kinkaid.

Dr. Kinkaid moved that the reading of the minutes be dispensed with, which motion gave rise to some discussion upon a point of order, and was finally carried.

The following gentlemen were appointed a committee on Nominations, viz: Drs. R. R. McMeens, Sandusky; W. P. Kinkaid, Neville; R. Gundry, Dayton; J. G. F. Holston, Zanesville, and J. N. Gard, Greenville.

The Chairman said if there is any gentleman present who was a delegate to the National Association we can hear his report now.

Dr. Kinkaid. If there be any such gentleman present, that report might be as interesting to the committee—referring to the committee on Admissions, which had retired, as to ourselves.

The suggestion of the Chair was withdrawn.

Dr. Baker. It does not appear that we have any standing committee other than the committee on Admissions. We have no committee to report to the Society the standing committees.

Dr. C. F. Thomas, of Meigs, moved that the standing committees be called in their order, that the members of the Society may know who they are.

Dr. Dawson asked for the book of the Secretary. He said that the "transactions" furnished to be published omitted the standing committees, although they were published in all the medical journals of the State, and are in the Secretary's record.

(An unsuccessful effort was made to find a record of the standing committees.)

The committee on Admissions made their report, recommending the admission of the following gentlemen as members of the Society:

Drs. A. H. Agard, Sandusky; J. C. Preston, Brunswick, Medina county; T. M. Laggart, Doylston, Wayne Co.; C. G. Eaton, B. Clyde, Sandusky Co.; Leman Galpin, Milan; H. T. E. Cushing, Cleveland; Gustav. C. E. Weber, Cleveland; Proctor Thayer, Cleveland; C. H. Swain, Toledo; S. A. McGowan, Columbus Grove, Putnam Co.; J. K. Woods, Lima, Allen county; G. M. Boyd, Xenia, O.; E. L. Plympton, Madison, Lake county; H. D. Mann, Sandusky.

The report was adopted.

It was moved that the report and fees for membership be handed to the Secretary; whereupon, a discussion arose as to which officer, the Secretary or Treasurer, should receive the money, which, upon reference to the second article of the Constitution, was decided in conformity therewith. That instrument provides that the fees for membership shall be paid to the Secretary.

Dr. Baker said that he should make a report to-morrow, concerning the duties of the different officers.

The Chairman said that if there were any chairmen of standing committees present, he wished they would announce their names, and report, if prepared—the Publication committee, the committee on Finance, the committee on Medical Ethics, &c.

Dr. Baker. Who is the chairman of the committee on Medical Ethics ? It is utterly impossible for us to have a report from one upon a standing committee, unless he be authorized by the proper officer to make such report.

Dr. McMeens, from the committee on Nominations for officers for the ensuing year, reported:

President—D. Tilden.
Vice Presidents—H. S. Conklin, John Dawson, J. N. Burr, M. B. Wright.
Recording Secretary—H. J. Donahoo.
Corresponding Secretary—W. W. Dawson.
Treasurer—Chas. Cochran.
Librarian—G. W. Maris.

Drs. Wright and John Dawson declining to serve, the report was referred back to the committee with instructions to fill vacancies.

Dr. Isaac I. Hays was introduced by Dr. Kinkaid, and admitted, on motion, as an honorary member of the Society. He was appropriately welcomed by the President.

Dr. Baker. I move that our esteemed friend, Dr. Blackburn of Kentucky, be admitted an honorary member of this Society. Carried.

The Committee on Nominations reported the following:

President—D. Tilden;
Vice Presidents—H. S. Conklin;
J. N. Burr;
John G. F. Holston;
J. A. McFarland;
Recording Secretary—H. J. Donahoo;
Corresponding Secretary—W. W. Dawson;
Treasurer—Chas. Cochran;
Librarian—G. W. Maris.

The report was accepted, committee discharged, and a motion prevailed to go into the election of the officers named by the committee for the ensuing year, the vote for each to be taken separately.

After several ineffectual motions to that effect, the Society adjourned until this afternoon, at half past two o'clock.

FIRST DAY—AFTERNOON SESSION.

The minutes of the forenoon session were read and approved.

Dr. Hayes then rose and tendered his acknowledgments to the Society for its consideration in electing him an honorary member:

He could not regard this as a testimonial awarded solely upon the claims of individual merit, but as a token of that generous sympathy and that spontaneous admiration which his fellow citizens of every class, have manifested toward the great enterprise in whose trials and struggles he had borne an humble part—an enterprise which was not only made glorious by the exalted philanthropy of its objects and the grandeur of its results, but which was linked, in the affections of his countrymen, with the honored name of his late commander. The hopes and doubts of the civilized world had struggled for the ascendancy, when the departed Kane proclaimed his belief, in tones of manly confidence, that Franklin was yet alive. Those hopes and fears followed the little fleet under his command, when it departed on its voyage of unknown perils and uncertain fate. They gave place to welcomes when the weary adventurers returned. This life is indeed a life of contrast, and to me, this warm response is enough to melt all the frozen spots, if any are yet left, within me. Through the darkness of the winter and the sunlight of summer, through the shadowy days of suffering and the bright days of congenial duty—it was our hope that our labors would meet the approbation of our country. This hope has been more than realized. For this fresh evidence of generous appreciation, I am incompetent to the task of due acknowledgment. If I had the whole English language at my tongue's end, I should be unable to express my thanks to this association, for so unexpected a mark of its partial consideration. (Applause.)

Dr. Blackburn, of Kentucky, also thanked the Society for electing him an honorary member. He came as a delegate from the State Medical Society of Kentucky, and was received warmly as a representative from that body, as he had expected. He had no right to claim the distinction of being elected an honorary member. The honor had been kindly conferred, and was received with feelings of the most sensitive gratitude on his part. (Applause.)

The Committee on Admissions reported Drs. Austin, of Sandusky, Hitchcock, of Port Clinton, and Trimbley, of Florence, and moved that they be admitted as members of the Society. Carried.

The election of permanent officers being now in order, Drs. Baker and Kinkaid were appointed as tellers. The list of officers reported by the Committee on Nominations was unanimously adopted.

Professor Smith and Dr. Wright conducted the President elect to the chair; on taking which he thanked the Convention in the following words:

Gentlemen: I sincerely thank you for this expression of your characteristic kindness and confidence. I can but distrust my qualifications for the position you have assigned me, and shall enter upon the discharge of its obligations with many misgivings. My life having thus far been almost exclusively devoted to clinical pactice, the rules for the guidance of deliberative assemblies have escaped that careful attention on my part which it should receive in order to fit one for the proper discharge of duties which devolve upon the President of this Society. However, I accept the position you have conferred, and hope to meet approval.

It was moved that the valedictory address of ex-President Allen be received.

Dr. Thompson moved that its delivery be deferred until to-morrow, and that the citizens of Sandusky be invited to attend the deliberations of this body.

Dr. Baker said he intended to introduce a resolution of this character. It was usual for the valedictory to be deferred until the second day. He moved, therefore, the adoption of the latter motion.

Dr. — thought it proper to invite the ladies particularly to be present to-morrow afternoon.

The retiring President said his address was somewhat technical and intended mostly for the profession, and thought it would not be interesting to the generality of listeners.

Dr. Smith thought it would be better to leave it to the resident profession to invite the ladies to be present when they thought proper. He would be glad at all times to have the citizens generally attend our deliberations, but he would rather that the business should be done in its regular order.

Dr. Baker—Mr. President: If you will cast your eye over the present assembly, you cannot fail to discover that there has been a great falling off in our Association. I have, on former occasions, seen as many in attendance as would fill this Hall. Why the falling off? Is it not because we lock ourselves up from the public that there is now so little interest manifested? I have heard that our deliberations were of a character not to interest the ladies; but I contend that where a set of professional gentlemen are found—a set of men who have at heart the interests of the ladies—there the ladies should be admitted. They should be admitted wherever their interests are at stake. It is casting a reflection upon the ladies of our country to say that they should not be admitted to our deliberations. Why, their presence would cut off a vast amount of unnecessary debate, and profitably circumscribe our action. If they come once and were not pleased, they could stay at home. We should, however, make it a standing rule of the Society to invite all citizens. Some of the profession—indeed many of them—have come to the conclusion that one of the best modes of destroying quackery would be to invite ladies and gentlemen, and the gentlemen in particular, to be present at our deliberations. And not only them, but to invite the quacks themselves to come up here and contend for their dogmas.

Dr. Thompson said we were at one time more public in our deliberations. Citizens used to attend, and many of them have expressed their gratification; and if I were to urge this matter anywhere in Christendom, I would do it here. I speak in all earnestness when I say that I wish the people of this place prosperity and enjoyment. I think they would derive enjoyment by being present and listening to us. Dr. Holston, however, is going to present a paper which the ladies need not be present to listen to, and I trust that a special hour will be set apart for its reading. The ladies of Sandusky have been particularly partial towards us, and shown us special favors, and we certainly ought not to be behind them in gallantry.

Dr. Wright. My friends over the way never heard the word *lady* but they go half crazy. (Laughter.) In all seriousness, it strikes me the reading of the valedictory ought to be left to the ex-President himself.

Dr. Baker. Mr. President——

Dr. Wright. I see that the gentleman is agitated. (Laughter.)

Some considerable confusion intervened, during which Dr. Kinkaid obtained the floor and offered an amendment to Dr. Baker's resolution.

Dr. Baker. Will the gentleman wait? This resolution does not have reference to the address of the ex-President—it is only to invite the citizens to attend our deliberations.

Some one here rose to a point of order. The original motion was whether the ex-President should read his address, and now another motion was before the house.

Dr. Allen said that for the sake of setting the matter at rest, he would state the subject of the address. It was, "The State of the Medical Profession in Ohio, past and present;" he liked the idea of inviting the ladies, but thought his address would not be entertaining to them.

Dr. Baker hoped the motion to read the address now, would be withdrawn. This address ought to be read before the citizens.

Dr. Kyle moved that half-past two o'clock to-morrow, be appointed for the reading of the ex-President's address before the citizens of this place.

Dr. Kinkaid thought that it would be better for the members of the faculty of this place to use their own discretion in regard to the time.

Dr. Baker said it would be just as easy for the Society to attend to it themselves.

Dr. Kinkaid insisted on the amendment.

Dr. Baker. I cannot sit still and see the matter work in this way. It is a reflection upon the intelligence of the ladies and the citizens of the place. Husbands know what is best for their wives, and fathers for their daughters. The ladies of this place have shown us favors, and we must do our part up, fair and square. Rather than entertain the amendment of Dr. Kinkaid, he would withdraw his motion. The motion was withdrawn.

Dr. Jones offered an amendment to the sixth article of the constitution, that the words "ballot and" be stricken out. Before action can be taken on the amendment, it must lay over one year.

The Vice Presidents elect then took their seats.

Dr. Cochran read two letters received by the Executive Committee from the Superintendents of the Sandusky, Mansfield & Newark, and the Mad River & Lake Erie Railroads, stating that they would carry the members of this society over their roads, free of charge, upon the certificates of the officers of their society stating that they had paid full fare one way. He said the Cleveland & Toledo R. R. Co. had declined complying with the request.

Dr. Baker said the Cincinnati, Hamilton & Dayton R. R. Co. had published in the papers the fact that they would carry the members home free of charge.

On motion of Dr. Kinkaid,

Resolved, That the letters of these companies be placed on file and the thanks of this association be returned to them for their liberal proposition.

On motion, the Secretary read the Treasurer's report.

It was moved that the report be referred to the Finance Committee. Carried.

Dr. McMeens gave notice that he would read a paper entitled, "Topography, Hydrography, Geology, Meteorology, Mortuary Statistics, Endemics, and Epidemic Diseases of Sandusky."

Dr. Mead, of Cincinnati, announced that he would read a paper on "Moral Insanity."

Dr. Kyle gave notice that he should read a paper entitled "A short history of the Veratrum Viridi and its Use in the treatment of Disease with Quacks."

The Secretary read the names of the different Committees and asked if they were ready to report.

Dr. Kinkaid moved that Dr. Dawson's report on Surgery be made the order of business for to-morrow morning at nine o'clock, which motion prevailed.

Dr. Holston then read his report, which was very lengthy, and very spicy; but before he had finished, a motion to adjourn prevailed.

Adjourned.

SECOND DAY—FORENOON SESSION.

The society was called to order by Vice President McFarland. Minutes of yesterday afternoon read and approved.

Dr. Firestone offered the following resolution:

Resolved, That a committee of three be appointed by the President of this society, whose duty it shall be to memorialize the legislature, at its next session, to pass a law requiring all parents and guardians, to protect the youth under their charge, from the ravages of that loathsome disease, small pox, by vaccination, with proper penalties by fines for their neglect of this important duty on the part of said parents and guardians.

Adopted.

Dr. Dawson, chairman of the committee on Surgery, then read the report of that committee, which, although lengthy, was highly interesting to the profession, giving a history of the rise and progress of the science of Surgery in Europe and America; and in this connection he took occasion to say that Americans were inclined to overrate themselves in all particulars — that this weakness extended to the profession of surgery and medicine, and that our physicians would, out of pride, report only the cases in which they were successful, concealing those in which they were unsuccessful.

The report condemned this custom, and advocated a full report of all cases, whether successful in their treatment or not. All should be willing to publish their errors as well as successes, for the benefit of posterity. All great minds have always been willing to do this. It is wrong to give out that every fracture could be cured without deformity. It does great harm and should be discountenanced. The report was received with applause.

Dr. Stillman moved that the report be referred to the Publishing Committee.

The committee on Admissions reported the following additional names, and recommended that they be received:

Joseph C. McBeth, Galion; A. W. Munson, Kenton; W. H. Park, Tiffin; W. C. Daniels, Toledo; S. T. Finch, Green Springs; Thomas Stillwell, Fremont.

The report was adopted.

Dr. Baker said before the report of the committee on Surgery is referred, he had a few remarks to make. He said in his estimation the most valuable part of the report had been omitted in the reading —that part which would call out debate and give opportunity to "legislate." In the body of the reports there is nothing presented for us to discuss. We need the essence of them. This would be something for us to pick at. In reference to the Americans we are told that we overrate ourselves in everything that we do. I deny this most emphatically. Whatever they claim to do they perform, and if that is overrating themselves; I do not know what the term signifies. That they report the successful and not the unsuccessful cases may be true; but that is not overrating themselves.

The debate was cut short in order to give the Financial Committee an opportunity to report.

It was moved and carried that the financial matters of the Association of the year 1852, be considered settled.

Dr. Baker then resumed his remarks, and spoke at length on the subject of fractures.

Dr. Holson said he was very highly gratified at the lengthy remarks of Dr. Baker. In the very opening of that gentleman's remarks, he complained of the length of the reports, and in commenting upon them, his remarks were drawn out to a length almost as long as the reports themselves. He has also found fault with their selection of subjects, generally speaking, it is best to have reports short, but there is often complaints uttered against their meagreness. When a committee does its best, it seems hard that it should be blamed. Fault is found with the selection of history as the subject of our reports. History is philosophy, teaching by example, and has its influence upon the progress of science.

Dr. Wright said he thought the committee should not be so sensitive about Dr. Baker's remarks.

Dr. Thompson was gratified to see the reports as they were read, as they brought up old recollections.

Dr. Blackburn. My friend, Dr. Dudley, has been spoken of frequently as a selector of cases. I think this is a mistake, for I am well acquainted with him, and I am confident that the only way he selects his cases, is by preparing them.

Dr. Baker explained. He did not intend that his remarks should reflect upon Dr. Dudley.

Dr. Dawson thought when he read the report, it would not be the subject of so much discussion. The object he had was to collect facts from history and give them to the Association. He merely referred to the historical part for the purpose of giving the origin of the mechanical era of surgery. He spoke at length in defence of the report. He had omitted to read the pathological portion, which absorbed some twenty-five or thirty pages.

Dr. Baker then arose and replied in some very warm remarks to this defence, saying that he did not expect to receive such treatment from the chairman of the committee on surgery—Dr. Dawson.

Dr. Dawson explained. He did not intend to treat the gentleman otherwise than with respect. If he had done so it was an error of the head and not of the heart.

A motion to adjourn was withdrawn to give the Financial committee an opportunity to report. The report was received and adopted.

It was then moved and carried that the reports of Drs. Thompson and Dawson, be referred to the committee on Publication.

Adjourned to 2 o'clock, P. M.

SECOND DAY—AFTERNOON SESSION.

The Society was called to order at 2 o'clock, by Dr. McFarland, Vice President, and the minutes of the morning session were read and approved.

Dr. Mullen offered the following resolution, which was adopted.

Resolved, That the Secretary of this Society be hereby directed to issue his certificate of membership, to insure free railroad return, to those members, and only those, who have paid their dues to the Treasurer.

Dr. Rea offered the following:

Resolved, That a list of the members of the Society be published, with the transactions of the present session, and each delinquent name be designated by a star, (*) with the proper explanation.

This resolution was adopted. The ex-president then read his valedictory address, which was listened to with deep interest, and received with applause.

Dr. Kyle offered a resolution tendering the thanks of the Association to the late President, for the able and impartial manner in which he has presided over their deliberations during the past year. Carried.

Dr. Allen then responded, thanking the Association for this expression of their flattering approval.

Dr. Davis, from the committee on admissions, offered the following as suitable persons to become members of the Association: W. F. Dean, of Milan; Joseph Caldwell, of Huron; A. F. Matson, of Logansville.

Dr. Taggart offered the following:

Resolved, That it be made the duty of the publishing committee to publish the amended constitution, by-laws, and standing rules, yearly, with the transactions of the Society.

Dr. Smith, of Columbus, thought that if the constitution were stereotyped, it would save considerable expense; and he thought it would be better to defer the question until some of those amendments could be discussed and acted upon.

Vice-President Burr said the suggestion of Dr. Smith ought to be adopted. The constitution and by-laws should be brought before members in the convenient form. The resolution was adopted.

Dr. Kinkaid wanted to know if the Association were ready to hear the report of the committee in the case of Drs. Wright and Wood.

Dr. Holston moved to take up the papers connected with the case above referred to, which motion prevailed; whereupon,

Dr. Kinkaid, chairman of said committee, remarked: I hold in my hand a report that has been made by one of the members of that committee, who was delegated as chairman. An investigation has been had with reference to the facts. That investigation is here, with all the papers connected therewith. It is a voluminous report, and I desire to present a substitute.

This report was, in substance, that the case of Dr. Wood does not come within the jurisdiction of this Society because the offense charged against him occurred before he became a member of this Association, and no objection was made to his admission here, and no charges were made against him at that time.

The committee asked to be discharged.

It was moved to accept the report and resolution and discharge he committee.

The discussion upon this motion was continued, *pro* and *con*, until near the hour of adjournment, when it was finally decided by adopting a substitute by Dr. Gundry for Dr. Kinkaid's report, to the effect that the committee be discharged.

The members then occupied the remainder of the session in giving their respective views of obstetrics.

Adjourned till to-morrow morning at 8½ o'clock.

THIRD DAY — MORNING SESSION.

Dr. Burr called the Association to order. The minutes of the previous session were read and approved.

It was stated that it was in order to listen to the report of Dr. Kyle on "Veratrum Verida and its Uses in the treatment of Diseases, with Cases." Dr. K. read the report, which gave a description of the plant and the latitude of its growth; its uses in different cases and where it can be used with safety, and other cases where it should be used very cautiously. The report closed by urging upon the Society the importance of laying aside all personalities, and coming up here for the purpose of discussing such subjects as will tend to the advancement of the medical science.

Dr. Thompson moved that the report be accepted. Carried.

Dr. Thompson said he had used the remedy to some considerable extent during the past year, and so far has been pleased with the results. He had seen positive results in several important cases, and cited several cases in which veratrum had been used by him, in conjunction with other articles, in which the result had been entirely satisfactory.

Dr. Rogers said he had used this remedy for the last two years, and considered it a valuable one. He had never been disappointed in its effects. It was of peculiar benefit in cases of pleurisy and typhoid fever. It is a good substitute for blood-letting. He used Norwood's saturated tincture. In inflammatory rheumatism, he thought it was better than all other remedies. He had treated many cases during the last year, and relied upon this remedy entirely.

Dr. Scott said that in cases where excitement of the heart was apparent, he fully concurred in all that had been said; but in the treatment of inflammatory rheumatism he would not depend on that alone. There is in that disease something besides excitement of the heart, and it required something besides this remedy. In the disease called typhoid pneumonia, he would rely upon veratrum. Dr. Thompson had said that he used it combined with laudanum, but he thought laudanum or morphine was an antidote to veratrum.

Dr. Thompson said he knew the *effect* of his administration of the compound of laudanum with veratrum, and that was enough. It would not be expected that physicians, when required to administer an immediate remedy, were to stop to analyze a substance to see whether its effects were antidotical and neutralizing when joined with a given remedy. The effect of his treatment disproved that laudanum destroyed the action of veratrum. He also knew that delirium tremens could not be cured without something which would have a controlling effect upon the nervous system. He had recently noticed that a French chemist has discovered that ammonia was an antidote to drunkenness, a fact that he supposed every physician knew. He was ashamed when he saw this announcement as a recent discovery. Any disease should be treated by administering a remedy which is more powerful than the article which has wrought the evil.

Dr. Kinkaid said the subject before the Association was to him one of a great deal of interest, as the article under consideration was becoming very extensively used by the profession. He had used the remedy considerably in his practice. During the past four months they have had a good deal of pneumonia in his region of country, and he had treated perhaps fifty cases, using veratrum verida. This epidemic had given him an opportunity of witnessing the good effects of this remedy. He had serious doubts about its efficacy in advanced stages of typhoid fever, although in the first stages of that disease he had no doubt that it would have a salutary influence. He had used it in cases of this disease, and its effect in reducing the pulse was astonishing—having on occasions brought them down in twelve hours from over one hundred and forty to sixty. As a sedative in inflammatory rheumatism, he had never experienced more benefits from any article than from this. He thought that great good would come from members presenting cases here, and the result of such a course would be beneficial to all.

Dr. McMeens said he had used this remedy somewhat, and gave a statement of two cases in which he had used it, both cases being nearly similar in their nature—in the one it had a beneficial effect, and in the other the reverse He presented these cases for the consideration of the Society.

Dr. Smith said he would like to know what the *modus operandi* of this remedy was, and what was the particular nature of the cases in which it should be given. Gentlemen think it should be given in pneumonia, and that it answers the place of blood letting: but there are cases of pneumonia in which blood-letting does no good. In which case do gentlemen use it in pneumonia?

Dr. Kinkaid said he stated it might be used in the early stages.

Dr. Smith. I have used the remedy to considerable extent, and found it reduced the action of the heart, and diminished its tone as antimony or as blood-letting did. In the next place what is its effect upon the nervous system? I fear we are in great danger of complicating the subject. I think it is only an adjunct to another important remedy—blood-letting. He had used it in cases of disease of the heart. As to its use in cases of rheumatism he could not say what its value is more than that of antimony, or other remedies of that nature. I think that we will find, however, that it is a remedy never to be used in a depressed state of the system.

Dr. Firestone had calculated to say nothing whatever on this subject when this discussion commenced. He had had cases of insanity under his control in the Asylum at Newburg, in which he had administered this remedy with the most satisfactory results. He had reduced the pulse from 140 to 80 in six hours. When his patients got so that he could not control them, instead of locking them up in dark rooms, he put them on veratrum. He never saw a remedy have the same good effect in insanity as this.

Dr. Baker did not wish to "pitch in." His experience was like that of Drs. Thompson and Firestone. We are told that it produces various actions upon the system.

Dr. Kyle. I believe it has never been claimed that it acted as a cathartic.

Dr. Baker understood that it had been claimed by one gentleman that it did. Some gentlemen had used it in conjunction with other medicines. His plan was, in most cases, to use it alone. He had been disappointed in its action in the cases in which he had used it. He thought it would be better for those persons using it, to select their cases and use it alone, for then a fair trial could be given.

Dr. Boyd offered the following resolution:

Resolved, That the thanks of this Society be returned to the citizens, and more especially the *ladies*, of this city, for the kindness and generous hospitality which they have shown to its members during their short stay in their midst. Adopted.

It was moved that the report on veratrum be adopted and referred to the committee on Publication.

Dr. Holston cited a case of death which he thought conld be traced dircctly to the action of veratrum. Upon the first view of this stranger he viewed it with rather a suspicious eye. He wanted to know to what class of medicine this article belonged. The reduction of the pulse seemed to be the only effect that was produced by it, in his practice. He had seen it paralyze the heart's action to that degree that it never started again. He related some cases to show that this pet "lion" is not the harmless thing it is represented to be.

Dr. Harmon thought that when active blood-letting was efficient, veratrum would alike be efficient. He found it to be beneficial to a great extent.

Dr. Brennan said as far as his experience went, a general prostration was the result.

On motion of Dr. Hurxthal, the report of Dr. McMeens was read. It was moved that the report be received and placed in the hands of the committee on Publication.

The report of the committee on Practice was then announced to be in order, whereupon, Dr. Smith, the chairman of the committee, read the report.

Dr. Holston offered a resolution, that when we do adjourn, we adjourn to meet at Columbus, on the first Tuesday in June, 1858, and that that place be made the permanent meeting place of the Society hereafter.

Dr. Hurxthal moved an amendment, that Massilon be inserted in the place of Columbus, and that all after the figures 1858 be stricken out. Motion prevailed.

Dr. Hayes was then invited to give his views to the Society in regard to the treatment of chilblains, frost-bites, &c., and in a few able and comprehensive remarks related his experience in the treatment of those diseases in the Arctic regions.

Adjourned to meet Friday morning.

THIRD DAY—MORNING SESSION.

We give a brief synopsis of Dr. Hayes' verbal report on Arctic diseases, omitted in yesterday's account of proceedings.

He said that the influences of climate upon the animal economy were marked, and the diseases peculiar. He had never seen a case of Tubercular disease among the natives, and this is doubtless due to the great consumption of fatty food. If he had a consumptive patient he would send him to Greenland if possible, and put him upon train oil diet, with a dog sledge and a bear hunt for exercise. He had heard of but one case of hemorrage from the lungs, through his friend, Dr. Kane, jr.

The crew of the Advance suffered much from scurvy, but the Esquimaux are rarely afflicted with it. The prevalence of this disease he attributed to the combined influences of salt food, darkness and cold. The darkness seemed to have a bleaching effect, and tended to diminish the coloring matter of the blood. The brick-dusty appearance of the blood, mentioned by Dr. Kane in his narrative, expressed it very clearly. In the treatment of this fearful disease he derived much benefit from the use of raw potato, which he dressed for his patients as a salad; but its effect was lost when the severe cold weather of mid-winter set in, overpowering the vital forces. Strong carbonacious food was then requisite, and potato was good only as an adjunct. His specific was then walrus meat, or still better, the liver of the same animal. But the term *specific* he would only use here as applicable to the meat in its raw state. It seemed then to have a power which was lost by the process of cooking. Like cooked fruits and vegetables, it lost its freshness. He gave it at first to his patients dressed like the potato, as a salad. They afterwards became partial to it, and overcoming their repugnance to raw flesh and hard frozen, they really often preferred it thus.

It is in this condition the natives mostly take their food, and from them the Doctor received the idea, to which he believed the ship's company owed its salvation. They had no vegetable food, and a strictly animal diet, in that region, seemed to furnish all the requisites of perfect health.

By request of Dr. Kinkaid, Dr. Hayes gave his experience with frost bite, and how he had derived valuable aid from the practice of the Esquimaux. He would relate a case falling under his notice. An Esquimaux had his leg frozen above the knee, stiff, colorless, and, to all appearance, lifeless. He was placed in a snow house at a temperature of 20 ° below zero. The parts were bathed with ice cold water for about two hours, then enveloped in furs for three or four hours. Then frictions were used, first with the feathery side of a bird skin, then with snow, alternately wrapping the limb in furs, and rubbing it for nearly twenty-four hours. It was then carefully wrapped up, and the temperature of the snow house elevated, by lamps, above zero. On the third day the patient was taken to his house, (where they have often a temperature of 70 or 80 deg.) and in seventy hours he was walking about with only a slight frost bite on one of his toes.

This treatment the Doctor thought highly philosophical, and he profited greatly by it in his own practice with frost-bitten limbs. The point being to keep away all extreme heat, and allow the vital powers of the system to do their work. By exposing a frozen part to a warm temperature the skin becomes thawed out, and dies before the circulation can work itself through the underlying frozen tissue.

FOURTH DAY—MORNING SESSION.

The Association was called to order by Vice President Holston. The minutes of the previous session were read and approved.

Dr. Scott read the following resolution, which had been presented for the consideration of the profession on former occasions, which he would amend by striking out the word "medical," and which he would offer for adoption:

Resolved, That a committee of one member from the faculty of each regular school in the State be appointed by the Chair to report to this Society at its next session on the advantage of medical education.

He said this resolution could not have been reported correctly, and he would therefore offer it with the word "medical" stricken out. He held that the profession of medicine in Ohio demanded at the hands of the professors and teachers of medicine in this State, something upon this subject—that young men who are admitted to the study of medicine, whether by professors of medicine and surgery, or by private practitioners, should be required to go through certain preliminary education. In the profession of arms in our country, young men intended to enter that profession, are required to present themselves qualified with a certain amount of education—and not a very meagre amount, either. The institution at West Point turns out a class of men than whom no class in the world stands higher.

Chairman. The gentleman will confine himself to the resolution. We are not to discuss matters at West Point.

Dr. Scott. In our profession, which I hold to be far more honorable than the profession of arms, we have to deal with intricate questions of *philosophy*, and is it not necessary that students should have this education? It is for our medical colleges to see to this thing. This subject has been presented to this society in some form every year since its organization, and it has been contended that this association has nothing to do with it; but the time has now come when the medical colleges of Ohio cannot flourish unless they assume a standard equal to any medical standard in the country. The facilities for speedy travel are now such that if a young man cannot get an education in his own State, he will go to London or some other trans-Atlantic city to get that which he cannot obtain at home. This is the very place to talk about improvement in our profession.

Dr. Cole rose, but as his remarks were not to the point, he was called to order.

Dr. Kinkaid said the remarks on both sides were irrevelent. He read the resolution as given in the *Medical Journal*, and said that all it requires is a committee to report the necessary qualifications for a student to be admitted into any office for the study of medicine. It does not refer to qualification in a literary capacity. He did not see why the word "medical" should be stricken out. By striking out that word the resolution would be destroyed. He was present when the resolution was introduced, and knew the object of it was as its reading signifies.

Dr. Scott held in his hand that resolution as it was published in the proceedings of last year, in which the word "medical" did not occur. If this word be inserted, then it would convey the idea that the student had received a medical education at the time he commences his studies of medicine, and should at once be entitled to a diploma. There could be no doubt that the object was to see that the student had a proper preliminary education.

The question, on the adoption of the resolution, as amended by Dr. Scott, was then put and lost.

The executive committee for the current year was then announced, as follows: Drs. Metz, of Massillon; McAbee, of Canton; Firestone, of Wooster; Slusser, of Fulton; Hurxthal, of Massillon.

Dr. Gundry moved that the report on "Microscopic Pathology" be placed in the hands of the committee on Publication. Carried.

Dr. Thompson presented a report on "Deaths by Chloroform," which, on motion, was ordered for publication.

Dr. Kyle called for the reading of the report of the committee on Medical Societies, when it was stated that no report had been made.

Dr. Firestone called for the announcement of the Standing Committees.

The President said that all the committees would be published in the transactions, but as members were about leaving, it would be better to omit the reading now.

Dr. Scott said, were it not for the lateness of the session he should object to referring these reports to the Publishing Committee without discussion; but under the circumstances he thought it might be as well to do so. He presented a report on Medical Literature, which, on motion, was referred to the Publishing Committee.

The following was announced as the Committee on Publication:

Dr. H. J. Dunahoo, Sandusky; Dr. R. H. McMeens, Sandusky; Dr. Charles Cochran, Sandusky; Dr. Richard Gundry, Dayton; Dr. J. A. Coons, Dayton.

Dr. Baker offered the following resolution, which was unanimously adopted:

Resolved, That to tender our thanks to the citizens and profession of Sandusky, would be but a faint expression of our feeling, and to say that we have been made to forget that we were strangers, would express what their hospitality and friendly intercourse fully justify.

It was announced that the delegates to the National Convention had been reported and would be published in the *Medical Journal.*

The report of the committee on Insanity was referred to the Publishing Committee, as was also the report of Dr. McMeens on Uterine Diseases, and also a paper from Dr. Thompson on "The Regulation of the Practice of Medicine."

It was suggested that the Secretary forward the names of the Standing Committees to the Chairman of each committee, that he may inform his coadjutors of their appointment.

Dr. Hurxthal made a motion to adjourn. Before it was put, Dr. Holston, President *pro tem.* gave up the chair to its legitimate occupant, Dr. Tilden, and thanking him, on behalf of the association for the able manner in which he had presided over its deliberations, desired him to close its proceedings.

The motion to adjourn was withdrawn, whereupon the Secretary announced a report from the committee on Ethics, by Dr. Hildreth, of Zanesville.

Dr. Hurxthal said that as this report was an important one, and one that might require some discussion, he would move that it be laid on the table, which motion prevailed.

Dr. Gundry offered the following, which was adopted:

Resolved, That a vote of thanks be tendered to the publishers and reporter of the *Register* for their kindness in giving a faithful report of the proceedings of this association.

It was then moved and carried that this association adjourn to meet in Massillon, on the first Monday in June, 1858.

ART. II.—*On Migrations in Micronesia.* By L. H. GULICK, M. D.

Ponape, or Ascension Island, Pacific Ocean.

The following facts illustrative of migrations in Micronesia, the most of which have never before been published, will serve to solve difficulties regarding the first settlement of these islands; and will tend to confirm the opinion of Latham and others, that Polynesia was peopled through Micronesia. They are but the first sheaf of the harvest which will be gathered as the various islands of this archipelago are settled, by those able and willing to collect and report. As the various groups of this most interesting region are reached, their language reduced, and their traditions gathered, it is certain we shall be able as definitely to trace the tide of voluntary and involuntary migrations from island to island, as Hale has accomplished it for Polynesia.

Of Migrations Westward—1. It is not an unfrequent occurrence for canoes to drift from the Kingsmill group westward to Ocean Island, the native name of which is Banabe, lat. 1° S. long. 170° E.; a distance of from four to five degrees. A number of such inhabitants, are now, it is said, to be found on the Banabe.

2. Several involuntary migrations have taken place from the Marshall Island to Russia, (Ualan or Strong's Island,) within the memory of the inhabitants. King George, deceased 1854, told of four different canoes, at four different times, that had floated there within his own reign, and that of his predecessor, from an island to the N. E., called Inborn. "From five to twenty individuals came in each case, but most of them after remaining awhile, returned to their island, or at least left with that intention, and never came back."—Letter to the Rev. J. P. Thompson by J. T. Gulick.

Again in April, 1856, five canoes drifted to Strong's island, from the Northern Marshall island, bringing about 100 individuals, men, women and children, the latter quite numerous.

3. The Wellington island, lat. 6° 40 min. long. 160° E., were peopled from the east within the memory of an old woman, living till within about five years. Mr. J. T. Gulick gives the account as follows: "Biddle says that when he was on the island in 1851, there was then living an old woman, apparently a hundred years of age, who said she was among the first who came to the island. Their homes were on an island far to the east, but when out fishing they were driven to sea by a strong wind, and after many days came to this island. In this first company there were three canoes, and perhaps fifteen or twenty persons. Others were driven to the island at a later period; and natural increase has now swelled the number to one hundred and twenty, including men, women and children."

Again in the spring of 1856, a considerable reinforcement of involuntary emigrants arrived from the east.

4. Several canoes, full of men, women and children, arrived at Ponape, or Ascension island, lat. 6° 55 min., long. 158° 25 min. E., about the year 1835, having drifted from the island of Maraki, one of the Kingsmill group, a distance in longitude of not less than fifteen degrees. This is the migration alluded to by M. Maigret, of the S. islands, as reported by Mr. Hale, of the U. S. Ex. Ex. (Report, p. 190.) They first taught the Ponapeans to cut the spathe of the cocoanut tree for its delicious sap; and which is so readily perverted into an intoxicating fluid.

5. About fifteen years since, several natives of Ponape were on a visit to the Raven island, a small coral island group, about eighty miles southward from Ponape, the native name of which is Ngatik. In attempting to return to Ponape during the tradewind season, they were driven westward, and ultimately landed on the Hogoleus island, lat. 7° No., long. 152° East, six degrees distant. A trading captain afterwards returned the survivors to Ponape, where one of them is now a considerable chief of the Katelamine tribe.

Of Migration Eastward.—1. Several canoes were drifted in 183–, to the Raven or Ngatik Islands from some group to the west, supposed to have been the Young Williams or Mortlock island, some four degrees distant. By the barbarous counsel of the whites, dominant on the island, the women alone were preserved alive.

2. The Rev. Messrs. Sturges and Doane, of the Ascension I. Mission, touched at McAskill island, lat. 6° N., long. 161° East, in January, 1856, and found a considerable population, among whom was an old gray-headed native who said he had been drifted there from the Jekoits tribe of Ponape, a distance of about three degrees.

3. The most prolonged migration, however yet known in Micronesia, is that recorded by Kotzebue, of a native of Ulie, lat. 7° N., long. 144° East, found by him in 1857, on the island of Aur, of Radack Chain, in the Marshall Archipelago, lat. 8° N., long. 171° East. The distance in this case traversed, was about 27 degrees, or over 1500 miles.

Of Winds and Currents in Micronesia.—With the exception of the southern portion of the Kingsmill Gr., Micronesia (embracing as it does, the Kingsmill, Marshall, Caroline, and Ladrone island,) lies in north latitude, and is principally acted upon by N. E. trades. During the winter season, while the sun is in southern declination, the trade winds follow it, and sometimes reach as far down as within a degree or two of the equater, and occasionally even extending south of it. During the northern summer the trades oscillate so far north, that the southern limits of their zone may be found in 9° and 10° N. During this period of northern oscillation, westerly and variable winds prevail through the whole of the Marshall and Caroline ranges.

The currents are more complicated, and yet not so much so but that they may be readily understood. The N. E. trades form a general current toward the S. W. The S. E. trades form a general current toward the N. W. In this way the waters are, as it were, piled up in the equatorial regions, and set toward the west. On each side of this western current is a reactionary stream, setting with considerable force to the east. During the summer the trade-wind zone draws down towards, and sometimes even south of the line, and the great equatorial current is also pushed south; while, during the winter, the whole sytem of winds and currents oscillates northwards. The central current is from two to three degrees in width; the others, on each side, perhaps a degree each.

Such are the teaching of Lieut. Maury, and they are confirmed by the facts observed in these seas. It is probable that south of the line, and particularly toward the west, these currents are much perturbed by the N. W. monsoons that every summer pour down from the China seas, along the New Guinea coast. Yet, such perturbations are south of the mass of the Caroline island, and of any portion of habited Micronesia, save the extreme west.

The following facts are readily explained by the above statements. During most seasons of the year, ships tend to the leeward, that is westward, of the Kingsmill island, because they are in the great equatorial stream. Yet passing either to the north or south of this stream, the current sets eastward; so that any one wishing to move east, will find it advantageous to seek this current, as, for instance, making the passage from Ascension to Strong's I., when the winds do not allow of making direct passage, During the summer, the northern of these two reactionary currents oscillates so far north as often to include Ponape and most of the Caroline range. It is during this season of the year, a vessel has difficulty in working to the west between the parallels 5° and 8°. The Miantonomi was wrecked on Ponape Nov. 20, 1854, before the setting in of the N. E. trades.—Not long after, portions of a vessel were drifted ashore on Wellington's Is., about one degree east of Ponape. Large trees are drifted to all the Micronesian Is. They arrive at all seasons, but principally, I think, during the prevalence of the trade winds. Many of them are immense trees of spruce or pine, which favors the supposision that they are from the coast of North America. But pumicestones are also drifted to all these islands, particularly to those of the Kingsmill group, sometimes of large size. The East India Islands are noted as volcanic regions, and it is probable these are drifted from there in eastern currents along the margins of the great western stream. That this is by no means improbable, is shown by the fact that Capt. Smith, of the Clara, New Bedford, in June and July of 1853, drifted nearly the whole distance from about the longtitude of the Pelew island to Ascension, between the parallels of 3° and 4° north, being but little assisted by favoring breezes.

Inferences from the above Facts.—It is palpable from what has been stated that the early migrations in Micronesia, by which the islands were first populated, might have taken place either from the east or west, with almost equal facility. It has hitherto been deemed a difficulty connected with the hypothesis that Polynesia was peopled through Micronesia, that it involved the supposition of an advance through the Caroline range in the teeth of the trade winds. Now that the trade winds are seen to recede north of them during the half of every year, and that during the same half of the year, currents from the west are known to frequently set through the whole range, every difficulty vanishes, and it is next to an absolute certainty that Polynesia was peopled rather from Micronesia than from Melanasia (embracing New Guinea, the Solomon Is., and the New Hebrides;) and much more readily than by direct voyages from the East India Islands.

The intention of the writer is not to deny the possibility of direct migrations from Malanasia to some point in Polynesia, the Samoa Is., for instance. The Missionary, Williams, says:

"So convinced am I of the practicability of performing a voyage from Sumatra to Tahiti in one of the large native canoes, that, if an object of sufficient magnitude could be accomplished by it, I should feel no hesitation in undertaking the task."

And what Mr. Williams says of South Sea canoes is equally applicable to the larger class of Micronesian canaes—such as were once built on Ponape, and such as are still used on many groups. But if this longer voyage be so possible and probable, certainly the shorter series of voyages through Micronesia were much more so.

It has been well remarked of Polynesia in general, that the only important argument against the inhabitants having migrated from the west, was the supposed uniformity of strong east winds. But now that it is well known that winds from the west often occur at all the South Sea Islands, which are possibly connected with the N. W. monsoons of the Malayan Seas, that objection ceases to exist.

In the same manner, the only objection of importance against the advance through Micronesia to Polynesia has been the head winds, and now that this is removed, scarce a semblance of an objection exists. Employing Latham's terse phraseology. the meteorological 'conditions" are found to coincide with the "land and sea conditions," and there is both an "ethnological" and a "geological continuity" from Malaysia through Micronesia to Polynesia.

For those not familiar with ethnology of the Pacific Ocean, it will not be misplaced to remark, that the interests of establishing the possibility of migrations through Micronesia to Polynesia turns upon the fact that the tract which would seem to have been the most natural one, viz:, through New Guinea, the Solomon, and the New Hebrides Is., is occupied by a very diverse negro-like race, called Papuans, among which are no traces of either the Malay or Polynesian.

ART. III.—*Eunuchs, Circumcision, and Leprosy in the East.* By Dr. J. OSCAR NOYES, late Surgeon in the Ottoman Army.

The Mussulman law distinctly interdicts all mutilations of the human body. Moslems, generally, prefer death to an amputation, or a severe surgical operation of any kind. But, notwithstanding this, the employment of Eunuchs is still retained in the East. Their use by the Asiatic monarchs dates from a remote antiquity. They were numerous in the Eastern Empire before its fall; the Eunuch Narses having been, in fact, one of the best Generals of the Greeks. Wherever polygamy has existed, these mutilated specimens of humanity have been employed, and probably will be as long as that institution shall have an existence.

While in Constantinople I learned some curious facts relative to Eunuchs, which were confirmed during my visit to Egypt, where they are much more common than in European or Asiatic Turkey, on account of the greater facility in procuring proper subjects. The Turkish grandees obtain their Eunuchs from Egypt, where, in fact, they are exclusively made. The trade is not so active as in former times: as many of the Turks now confine themselves to one wife, there is not so great a demand for these Argus-eyed guardians of Eastern harems. So far as I could learn, about three hundred Eunuchs are annually made in Egypt, some of whom occupy important posts in the Turkish and Egyptian governments. The *Kisler Aga* of the Sultan, for example, is the third man in the Ottoman Empire, having charge not only over the harem of Abdul Medjid, said to contain in all nearly two thousand females, but being also the director of the revenues of the imperial mosques and the income derived from Mecca and Medina. From a singular custom of the Ottoman Court, which I am unable to explain, a private harem is kept within the walls of the seraglio for the Kisler Aga, as well as one for the chief of the white Eunuchs.

Syout and Gireh, far up the Nile, are the only places in Egypt where Eunuchs are made for the Egyptian and Turkish markets. The white subjects are Circassian or Georgian boys—the black, Abyssinians or Nubians, from six to nine years of age; the latter being brought by caravans from Sennar and Darfour. The village of *Zawry-el-Dyr*, near Syout, is the great metropolis of the trade in Eunuchs. The perpetrators of this horrid mutilation, to the shame of Christianity be it said, are Christian Copts; and as the subjects of their atrocious cruelty sell from $75 to $200, they drive a very lucrative business for Egypt. The mutilation — according to the Clot Bey, from whom I have derived much information on this subject, is usually practiced in the autumn, that season being regarded as most favorable. In most cases the operators do not confine themselves merely to castration, as is generally supposed, but remove with a razor all the exterior organs of generation. Boiling oil is then poured upon the wound, and a short tube inserted into the remaining portion of the urethra, to prevent the closure of the same during the healing process, through which also the boy urinates. A tube is used for the latter purpose throughout life. Powdered hennah is then sprinkled upon the wound, and the sufferer buried for twenty-four hours up to his waist in the sand. Various kinds of unguents are afterwards employed. Three out of every four submitted to the operation perish. Some efforts have of late been made to do away with this barbarous custom, but it will continue in a greater or less degree so long as polygamy shall remain the law of the East. A wealthy Turkish Pacha, wishing to make Abdul Mejid a valuable present, sent him a number of beautiful Circassian boys, who had undergone the operation I have described, in Egypt. The Sultan, who is a humane and tender-hearted man, could not repress his indignation at the act, and directed that it should never be attempted again.

The Eunuch can ordinarily be distinguished by his exterior physiogomy. He is usually plethoric, beardless, and has a feminine voice, while a sombre and irascible disposition naturally arises from the sense of degradation which he experiences. From a consciousness of physical inferiority, Eunuchs are usually most bigoted Mussulmans, seeking in the austere practice of religion a substitute for the ordinary pleasures of life. Some of them have a fondness for female society, and there are instances in which they marry. Circumcision is practiced with the Mussulmans, generally about the seventh year.

In Egypt, females are also circumcised by removing a part of the clitoris. The principal object of this is to moderate the *penchant* of Egyptian females to voluptuousness. It is supposed to have been practiced by the ancient Egyptians, and is not prescribed by the religion of the Moslems.

In the East, young females are valued for their virtue. Effective means are often employed to secure virginity until marriage shall take place. In childhood, the labia are scarified and brought together, when adhesion follows, closing up the vagina, with the exception of a small opening for the urine and menstrual secretion. The jewel, chastity, is in this manner kept safe. After marriage, a slight operation again opens the vagina. By this means an additional value is given to Circassian and Abyssinian slaves. The operation is not performed upon all who are sold, but upon many. It is not practiced to any extent with the Nubians, who are less acceptable to the Mussulmans. On the contrary, I have been informed that it is customary for dealers in Nubian girls to deflower them with the finger, with the idea of contributing thereby to their development. I have also heard it stated, with how much truth I am unable to say, that Mussulmans, when long absent on a journey or pilgrimage, sometimes secure the virginity of their daughters, and even the chastity of their wives, by the means above described.

The Egyptian husband must have ocular proof that he has married a virgin ; hence, as among the Arabs, the rupture of the hymen is a public rather than a private act. The husband deflowers his wife in the presence of the mothers of both, and other married females belonging to the two families, with the index finger covered with a white muslin handkerchief. Inspired by the most cruel and shameful jealousy, he often employs a brutal violence in the accomplishment of this barbarous act. The handkerchief, covered with blood, is presented to the friends, who felicitate the victim upon her chastity, and the day after the marriage the bloody proof of purity is exhibited publicly by the mother or sister of the bride. If the proof of chastity be wanting, from malformation or previous rupture of the hymen, the female is sent back to her parents, and sometimes even thrown into the Nile. Fortunately, however, this barbarous test of virginity rarely fails ; but Egyptian husbands are sometimes duped by artificial means, employed in the absence of a hymen, or even of chastity itself—means well understood by the inmates of the harems.

While in Jerusalem, I devoted some attention to the lepers. Dr. Simms, of the Jews' Hospital, was so kind as to conduct me to their mud kennels in a little enclosure just inside the Sion gate. But few travelers venture into this mephitic retreat, reeking with filth and corruption, for all avoid contact with the lepers. Of these pitiable objects, slunk away in their wretched dens, or lying near the city gates to reach out a trembling hand to the passer-by, there are about thirty in Jerusalem. The disease with which they are afflicted is by no means confined to Palestine, but appears to be more common there than elsewhere ; and surely, O reader, one must travel far to behold objects of such intense and corroding misery.

The following description of the leprosy of Palestine, and of the usual course of the disease, is for the most part the result of my own observations upon cases in Jerusalem, some of the suggestions having been borrowed from an excellent article upon the subject, by Dr. Ainslie, published in the Transactions of the Royal Society.

The disease is common in Palestine, and its unfortunate victims are generally to be seen in the towns and cities. It spares no rank or sect, but is more commonly found among the poor than the rich. Aretarus, of Cappadocia, has given us, under the title of *Elephantiasis,* a very perfect description of leprosy. In his account, written in Greek, he makes particular mention of the falling off of the fingers and the joints of the feet. The medical men of his time not unfrequently called the disease *Leonia,* from the circumstance of its distorting the human face so as to give it an appearance somewhat resembling that of the female lion when enraged. Others bestowed upon it the appellation of *Satyriasis*, from the lascivious disposition supposed to be one of its attendant symptoms, when in reality neither food nor rest invigorates the sufferer, and all carnal appetites, instead of being increased, gradually die away.

Leprosy does not often make its appearance before the age of puberty. In cases where it does appear before that age, it represses in a marked degree the growth and development of the body. The stature never becomes full and graceful, but remains shrivelled and meagre—the voice also continuing shrill and nasal. The mind suffers as well as the body. Lepers rarely smile, are drooping and listless, and several of the pitiable sufferers in Jerusalem appear to have been actually demented by the disease. The malady commonly manifests itself about the age of twenty-three or twenty-four, and rarely after the age of forty.

The symptoms of the *Lepra Arabum*, for that is the scientific name of the disease in question, are as follows:—A dryness and slight roughness of the skin of the hands, feet, arms, and legs, caused by the want of perspiration, are first perceived. The appetite fails, the sleep is disturbed by wild dreams, and the sufferer often wakes up during the night in a fright, with a palpitating heart and a sense of suffocation. In six or eight weeks his color becomes two or three shades darker, and his features slightly tumid. The dryness and roughness of the extremities are followed by numbness and insensibility to pain; the pulse becomes extremely languid, and dark colored spots and purple tubercles usually appear on the wrists and ankles. The latter are not unlike segments of unripe currants in shape, of a shining and oily appearance, but are not attended with any pain. They increase in size and number, some of them occasionally scaling off to be quickly replaced again, while others generate a small quantity of ichorous matter, which, on drying, occasions a scurvy desquamation. As the leprosy continues to advance, the tubercles extend to the face, and render the person a most unsightly object. At the end of the first year the dryness and rigidity of the skin become universal. The numbness extends above the knees, and is so great that the poor sufferer may, inadvertantly, burn his hands or feet to the bone without being sensible of it. The surface of the body is wrinkled longitudinally, and, where sensibility remains, feels as if stung with nettles. The countenance undergoes a marked change; the cheeks become bloated and puffy; the muscles of the forehead enlarge, and appear as if pushed downward; and the eyes, in all cases inflamed, rheumy, and made to look rounder than natural by the pressure from the neighboring parts, resemble those of some wild animal. The lobes of the ear are rough, the tongue is foul and in some cases covered with tubercles, the breath is fœtid, the hairs of the head gradually fall off, the nails break and waste away, the fingers and toes appear withered, and the appetite passes entirely away. In this advanced stage the malady will, sometimes, continue for years, but always with progressive misery.

At last, when the dyspepsia is most tormenting and the respiration hurried — when the least exertion is sufficient to cause diaphoresis, although the only parts that prespire are the neck and a little surface around the waist — when the sefferer, already ugly, has become indescribably loathsome — a feverish heat comes on regularly every evening, the eyes assume a dim but brassy appearance, the voice sounds hollow, as if from a tomb, the pulsation can be felt only by pressure over the heart itself, ulcerations take place over the joints, and, to add helplessness to misery, the latter begin one by one to fall off. And thus perishes the poor leper in his filthy den, or at the city gate — perhaps in the vicinity of his synagogue or his mosque.

The leprosy of the Arabians — i. e., the disease with which the thirty lepers of Jerusalem are afflicted — is hereditary, but not contagious. Sometimes, however, it skips over a generation. There is an example of this kind in Jerusalem, in which the parents are both lepers, while the son, though considerably advanced in years, exhibits no indications of the disease. I examined the lepers of Jerusalem, as I would any ordinary cases of disease, without fear of contagion. That the Jews do not consider it contagious is evident from the fact that one of their number, who is afflicted with the malady, is permitted to dwell with his friends, and is not cast out among the common lepers.

Women are less subject to leprosy than men, while poor living, want of cleanliness, mendicant misery, and exposure to cold and damp are but two constant attendants of the disease. A fish diet is also found to render every symptom worse. In the East, where the classification of diseases is very imperfect, several kinds of cutaneous affection that are curable pass for leprosy, but the disease whose symptoms I have described, appears to be incurable. Life, however, may be prolonged by careful attention to diet, exercise, and cleanliness. Mercury and mineral acids have been employed, but with how much success is not certain.—*Amer. Med Monthly.*

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

American Medical Association.—We publish some extracts from the transactions of the American, Medical Association which met May 5th, at Nashville, Tennessee. Dr. C. K. Winston chairman of the committee, welcomed the members of the Association in a few pertinent remarks, as follows:

Mr. President, and gentlemen of the American Medical Association: This, I believe, is the 10th annual meeting of this Association. As

Chairman of the Committee of Arrangements and Reception, I am charged with the agreeable duty of welcoming you to the State of Tennessee, and the city of Nashville. I regret that I have not language to express this sentiment with sufficient cordiality. I only add, gentlemen, in common phrase, "You are more than welcome."

You are the representatives of a profession, distinguished alike for its antiquity, its scientific attainments, and its usefulness. It constitutes the true link between science and philanthropy—science and philanthropy, moral, intellectual and physical. You come from every portion of this glorious republic—from the Kennebec to the Rio Grande—from orange groves and golden sands—from mountains clad in eternal snow, and valleys smiling in perpetual verdure. You come not for purposes of self-aggrandizement or personal ambition, nor yet to advance the schemes of parties or stir up the antipathies of sections. "You know no North, no South, no East, no West;" but you come as a company of philanthropists, a band of brethren, that you may pour the acquisitions of another year into a common treasury, kneel side by side at a common altar, and drink the living water as it gushes from a common fountain. You have come to maintain the dignity, to elevate the ensign of a profession, to which you have devoted your lives, and to which you have linked your fortunes.

You are the cultivators of a profession entirely progressive, admitting to the fullest extent the spirit and genius of enterprise. So much may not be so fully said of others. Who could expect at this or any other day, to embellish the Commentaries of Blackstone, or improve the pleadings of Chitty, or re-poise the scales of justice? Where are the men with commissions never so divine, who would attempt to re-cast the logic which made Felix tremble, or adorn the doctrine of justification by faith? Who hopes now to shed additional light on the pathway to the skies, or sing in strains more immortal than the triumphs of the cross? Not so with Medicine. Yours is a rising orb—magnificent in its proportions—while others have reached the zenith, yours has but begun to mount the heavens—while others have begun to fade, yours knows no eclipse nor decline. You revere the names of Hippocrates and Sydenham, of Brown and Cullen, with a host of others; you treasure up their maxims, and admire the genius with which they struck out new truths, but you acknowledge no master, you fall down at the feet of no *Gamaliel*. You have come to the day of free thought, of free investigation and free speech. You call in question the most hoary, as well as the most recent fact, and you are daily revealing, in floods of light, principles hid from the foundation of the world.

You are eminently the students of nature. While others may be led along dubious paths by mortal pedagogues, your teacher dwells in the realms of eternal light, and guides with hand unseen and unerring to essences and first causes. The formative chrystal and germinal dot are alike transparent before you. You are taught the mysteries of the living principle; the scalpel and retort are your companions, while you revel in the wondors of the microscopic world. You understand, somewhat, the laws by which a mote or a mountain is formed, a mound or a man is made. The spear of grass which lifts its heed in the distant solitude, the lordly oak and imperial cedar, instructs you, while air, and earth, and sea, with the creeping multitude, yield treasures at your command.

You are the veterans of a thousand battle fields, not of mortal strife where man meets man in sanguinary conflict; but where a secret and impalpable foe—a tyrant who has reigned from Adam till now—disposes his secret forces and directs their deadly shafts. When others have turned back affrighted and aghast, you, single-handed and alone, have met "the pestilence which walketh in the darkness," and the destruction "which wasteth at noonday," despoiled them of "the armor wherein they trusted," and have driven them ignominious, from the field.

Were the victories which you have won, the conquests which you have achieved known, you would be crowned with laurels more unfading than those which entwined the brows of Greek or Roman conquerors.

But more and better than all, you are the lovers of your race, the friends of humanity. Scattered about all over this happy land, you emphatically "go about doing good." Your hearts beat in unison with human woe—your ears are open to the cry of distress, whether it come from hovel or palace—you "wipe away the orphan's tear and cause the widow's heart to sing for joy"—upon your heads daily descend "the blessings of those who were ready to perish."

To such a body of men thus actuated, thus coming, we extend a cordial welcome. We feel honored by yonr presence, and expect to be improved and elevated by your intercourse. We throw wide our doors and invite you to the hospitalities of our homes, and to the kinder affections of our hearts.

The following are the officers for the ensuing year:

President—Dr. Paul F. Eve, of Tennessee.

Vice Presidents—R. J. Breckinridge, of Kentucky, D. M. Reese, of New York, W. H. Byford, of Indiana, and Henry F. Campbell, of Georgia.

Dr. Eve, of Tennessee, in taking the chair, addressed the Association, in a few pertinent remarks as follows:

Gentlemen of the American Medical Association:—It is with deep emotion that I attempt to return you my heart-felt thanks for this distinguished honor. In elevating one so unworthy of this station, so ill-prepared to preside over your deliberations, or carry out the great designs of this body, I must express the apprehension that you have done yourselves injustice, and, it may be, not advanced its best interests. But, believing that this office should neither be sought nor declined, when tendered, as it has been, after my State had declined to take any part in the nomination of a presiding officer. I enter upon the discharge of its onerous duties with much diffidence, and shall have frequent occasion to throw myself upon your considerate indulgence.

We are engaged, gentlemen, in a good and noble work. Life, the greatest of human blessings, and health, the sweetest stimulus to earthly enjoyments are our end and aim. We live to secure the one and to preserve the other. To promote these all-important objects, the medical profession of our country have, during the last twelve years, annually appointed delegates to assemble and counsel how this may be effected. And we are here to-day, on one of these great festive occasions, and, amidst our mutual congratulations, these glorious re-unions of good will and fellowship among the brotherhood, must not forget that to us is committed the health and lives of others. In maintaining the honor and increasing the usefulness of medical science, we become the best contributors to the welfare and happiness of those around us. You have come up hither from the North and from the South, from the East and from the West, and have done well neither to count the cost nor calculate the sacrifice; for the cause in which you are engaged is worthy of you. You present again the sublime spectacle of brethren from all sections of this widely extended Union, congregated to devise the best means to releive suffering humanity; and may I not add, we are here with

> "Our souls by love together knit,
> Cemented, mixed in one,
> One hope, one heart, one mind, one voice."

The following are the standing and special committees for the present year:

STANDING COMMITTEES.

Committee on Publications.—Francis G. Smith, of Philadelphia; R. C. Foster, of Nashville; A. J. Semmes, of Washington City; Samuel L. Hollingsworth, of Philadelphia; Samuel Lewis, of Pennsylvania; H. F. Askew, of Delaware.

Committee on Prise Essays.—Grafton Tyler, of Georgetown, D. C., Chairman; J. C. Hall, of D. C.; Thomas Miller, of D. C.; A. J. Semmes, of D. C.; Joshua Riley, of D. C.; W. J. C. Dunhamel, of District of Columbia.

Committee on Arrangements—Harvey Lindsley, chairman; W. J. C. Duhamel, Cornelius Boyle, P. H. Coolidge, G. M. Dove, A. Y. P. Garnett, Wm. P. Johnston, of D. C.

Committee on Medical Education—G. W. Norris, of Philadelphia, chairman; A. H. Luce, of Illinois; E. R. Henderson, of South Carolina; G. R. Grant, of Tennessee; T. S. Powell, of Georgia.

Committee on Medical Literature—A. B. Palmer, of Detroit, chairman; A. F. Alexander, of Alabama; J. M. Mosgrove, of Ohio; P. Cassidy, of Pennsylvania; S. Pollak, of Missouri.

Vacancies in Committee on Medical Topography and Epidemics—T. B. Shuford, to fill the vacancy caused by the death of Dr. Grafton, of Mississippi. C. W. Parsons, to fill the vacancy caused by the resignation of Joseph Mauran, of Rhode Island.

SPECIAL COMMITTEES.

Spontaneons Umbilical Hemorrhage of the newly born—J. Foster Jenkins, of New York.

Influence of Marriages of Consanguinity upon Offspring—Dr. Bemiss, of Kentucky.

Functions of Different portions of the Cerebellum—E. Andrews, of Illinois.

Causes of the impulse of the Heart and the agencies which influence it in health and disease—J. W. Corson, of New York City.

Treatment of the Results of Obstructed Labor—J. Marion Sims, of New York.

Treatment best adapted to each variety of cataract, with the method of operation, place of election, time, age, etc.—Mark Stephenson, of New York.

Human, Animal and Vegetable Parasites—Joseph Leidy, of Philadelphia.

Best Substitutes for Cinchona and its preparation in the treatment of Intermittent Fever, etc—B. S. Woodward, of Indiana.

Intimate structure and pathology of the Kidney—Charles E. Isaacs, of New York.

Etiology and Pathology of Epidemic Cholera—T. W. Gordon, of Ohio.

Inflammation of Cervix Uteri—Henry H. Miller, of Louisville, Kentucky.

On milk Sickness—W. H. Byford, of Indiana.

Best means of causing an increase of the number of Essays—Drs. Leidy, Wood and Meigs, of Pennsylvania.

Changes produced in Composition and Properties of Milk—N. S. Davis, of Illinois.

Stomatitis Materna—D. C. McGugin, of Iowa.

On Criminal Abortion, with a view to its general suppression—H. N. Storer, of Boston.

The committee recommend that the committees ordered by the adoption of the resolutions accompanying Dr. A. J. Semmes' report, be filled by the several State Societies.

On motion of Dr. Brodie, amended so as to refer the same to the officers of several State Societies. Carried.

The committee also recommend the amendment of the third article of the constitution, in relation to meetings, by inserting after the words "first Tuesday in May," the words, *or the first Tuesday in June*, and also by inserting after the words "shall be determined," the words, *with the time of meeting*.

Special Committee on the present state of science, as regards the Pathology and Therapeutics of the Re-productive Organs of the Female—D. Fordyce Barker, of New York.

On Moral Insanity—D. M. Reese, of New York.

On Caculi and the Diseases of the Urinary Organs, in Iowa, Minnesota, and Nebraska—Dr. J. C. Hughes, of Keokuk, Iowa.

On the nature, tendency and general treatment of Syphilitic Bubo—Moses Gunn, of Detroit, Michigan.

Organic Chemistrg—its progress and relations to Physiology and Pathology—Professor Samuel St. John, of New York.

On Medical Education—(By Dr. Currey's resolution,) James R. Wood, of New York; Geo. R. Grant, of Memphis, Tennessee; John Watson, of New York; C. B. Nottingham, of Macon, Georgia; Rene La Roche, of Philadelphia, Pennsylvania.

To fill a vacancy in the Committee on Medical Topography and Epidemics—Dr. J. L. Cabell, of Charlottsville, Virginia.

The next meeting of the association is to be held in Washington City.

From what we see by the minutes, the late meeting has been unfortunate in the way of reports. Out of some twenty-two committees called upon, reports were received from but three or four, and, in an instance or two, these were but partial. What is there adequate to explain this state of things? Are the working men in the profession diminishing in number? or have wrong selections been made? We know of nothing within the past year capable of turning the philosopher away from his experiments, or the student from his books, except the Presidential election and the Comet — May be these have been potent in the mischief before us.

We observe that a good many of the committees for last year, that failed to report, are continued for the present. Is such a course proper? We can immagine it so only in those instances where some reasonable apology has been offered for previous delinquency. If a committee does not make its appearance at the meeting at which it is expected to report, and sends no reasons for its failure, would it not be sensible to the last degree, to raise a new one in its place? Where there has been any progress whatever it would be right, of course, to continue — not otherwise.

We want a little investment of care in the appointment of committees. It would be well enough for the appointing power to put itself to the trouble to ascertain before making an appointment, whether or not the committee will be likely to work. Making appointments as a mere compliment to certain individuals who are fond of a little innocent notoriety, may be fun to the appointees, as the frog said to the boys who stoned him, but death to the Association.

We were pleased with the selection of Prof. Eve for President.

He was in our judgment the right man. He deserved the honor, and the association did right in conferring it upon him.

The location, (Washington City,) of the next meeting, will secure for it a large attendance, and may we not expect also more in the way of Reports.

Clinical Lectures on certain Diseases of the Urinary Organs; and on Dropsies. By Robert B. Todd, M. D., F. R. S., Physician to King's Hospital, Philadelphia. Blanchard & Lea, 1857, p. p. 283.

As its name imports, this volume consists of a series of lectures, sixteen in number, delivered at King's College on diseases of the Urinary Organs. The following is a summary of contents:

I. General Observations on Hæmaturia, etc.

II. Association of Hæmaturia with Acute Gout, typhus and small-pox, etc.

III. General remarks on various forms of disease of the Kidneys, etc.

IV. Diagnosis of fatty and waxy disease of Kidney.

V. On the general doctrine of Dropsy.

VI–VII. Dropsy after scarlet fever.

VIII. Acute renal Dropsy.

IX–X. Cardiac Dropsy.

XI. Ascites.

XII. The Gouty Kidney.

XIII. Cases in which pus is found in the Urine.

XIV. On Gout in the bladder.

XV. Causes of Gout.

XVI. On asthenic Gout.

These lectures discuss almost every variety of disease to which the Urinary organs are liable; and what is very valuable, the author illustrates extensively with cases.

On the subject of Gout, a disease somewhat on the increase in our country, we extract from the work the following in explanation of the greater frequency of the disease in English hospitals than in those of other countries:

> In England malt liquors are in common use among all classes of the population, high and low; they are drunk very largely by the laboring classes, especially by those of large towns, and in particular by those whose work is laborious and trying to the constitution, and

who on that account receive good wages, and therefore can afford to supply the waste caused by their great exertions by means of liberal potations of a fluid at once stimulant and nutritious like beer. Hence it is that we very commonly find coal-heavers, bakers (like our patient Fountain,) brewers' draymen, house-painters, and others of the working classes, inmates of the London hospitals, suffering under gout in its various forms. There is another class also who can scarcely be said to *labor*, who are sometimes admitted for this malady; namely, butlers or house-servants of wealthy families, and coachmen.

It is remarkable that in Ireland and Scotland gout is a disease almost entirely confined to the better classes of society, and that it is rarely, if ever, seen in hospital practice. This is because beer is but little used by the lower orders in those countries. In such towns as Dublin and Edinburgh there must be a large portion of the working classes well paid, and therefore well fed; but porridge, potatoes, fish, and bread, are the chief sources of their sustenance, meat less frequently, while whiskey is their stimulant; and these kinds of food do not generate gout unless taken in large quantities, and in habits already tainted with the disease by inheritance.

For the same reason, in France and Germany (excepting in the beer-producing Bavaria,) gout is by no means common; and the meagre accounts to be found of this disease in foreign works plainly show that the authors cannot have had much practical acquaintance with its character.

I need not remind you that gout is one of those maladies which are pre-eminently hereditary; that a son will inherit it from his father or mother, and, what is more curious, from his grandfather or grandmother, the intervening generation being free, or nearly so. Such *inherited* gout is frequently most obstinate and difficult to eradicate, the gouty diathesis being more fully developed than when it has simply been acquired. It is, therefore well to inquire into this point in the history of such patients as come before you. In the present instance, fortunately for the curability of the disease, and unfortunately for the *respectability* of our patient's gout, we cannot make out any pedigree—it appears to owe its origin to that ignoble source, *beer.*

The Physiological Anatomy and Physiology of Man. By ROBT. BENTLEY TODD, M. D., F. R. S., Fellow of the College of Physicians, and Physician to King's College Hospital; and WM. BOWMAN, F. R. S., Fellow of the College of Surgeons, Surgeon to King's College Hospital, and the Royal London Ophthalmic Hospital, and late Professor of Physiology and General Anatomy in King's College, London. Complete in one volume, with two hundred and ninety-eight illustrations. Philadelphia: Blanchard & Lea. 1857. (For sale by Riley & Co.)

This is a *new* book, commenced, it seems from the preface, in 1843, and issued from the English press last year, and from the American the present year. The work was originally designed as a text-book, for the lectures on General Anatomy and Physiology, given in King's College London.

The title, "Physiological Anatomy," adopted by the Author, in preference to the older one, *general*, or the later, *histological*, seem to the writer more comprehensive and precise, as denoting the kind of information, a knowledge of which is necessary for the investigation of Physiology. Is it certain that anything in the way of perspicuity has been gained by the author's innovation on former nomenclature? Once *physiology* meant the same as *physics*—now it is restricted to the science which treats of the functions of animals, or of vegetables; or, in other words, it explains the *action* of organs, apparatuses, etc. Anatomy, from *ana* and *temnein*, "to cut," has had quite a latitude in the way of acceptation. Properly it applies to organization—to a description of the number, shape, situation, connection and structure of organs. In brief, Anatomy describes an organ or organs, and can be studied perfectly on the cadaver; while physiology describes the *action* of organs and can only be studied on the living subject; the one is a description of dead matter, the other of the movement of organs under the influences of life. If the work before us embraces both anatomy and physiology, the title is proper; if not, not The truth is, it does have something to do with anatomy, merely enough to render what is said on physiology intelligible. The anatomy, however, is mostly of the microscopical character, the department of the subject relating to structure, and on this account, if a change had to be made, "Physiological *Microscopical* Anatomy" might have been, with equal propriety selected as the title of the book.

The authors have aimed to present a view of the main facts and doctrines of Anatomy and Physiology, particularly those bearing on Practical Medicine and Surgery. They have given Anatomy, as they state, a greater degree of prominence than has been usual in Physiological works, because of a conviction that a thorough knowledge in its several branches, descriptive, comparative, etc., seem necessary to the formation of those habits of mind, which best fit their possessor for the successful investigation and the correct appreciation of Physiological science.

A matter that adds very much to the charm of the work before us, consists in the fact, that the descriptions, as regards the more important points, have been rested upon the investigations of the authors themselves. They have repeated former experiments, and devised new ones, whenever questions of sufficient interest presented themselves.

The illustrations are very good. Most of them we recognise as common to other works of the kind. There are some, however, that are new and very valuable. Among these we recognize the "*Primary organic cell;*" "*While fibrous tissue;*" "*Meshes of the Areolar tissue,*" *when dried; Cartilage cells from the chorda dorsalis of the Lamprey;*" "*Longitudinal section of bone,*" *etc., etc.*

The work is made up of a single volume of 926 pages, and forty-four chapters.

We intend no analysis in this connection, but embrace the opportunity to bear our testimony to the meritorious character of the work, and its adaptness to student and practitioner.

A Manual of Examinations upon Anatomy, Physiology, Surgery, Practice of Medicine, Chemistry, Obstetrics, Materia Medica, Pharmacy, and Therapeutics. Especially designed for students of Medicine; to which is added, a medical formulary, by J. L. Ludlow, A. M., M. D., Fellow of the College of Physicians, member of the American Medical Association and one of the consulting physicians to the Philadelphia Hospital, &c. A new edition thoroughly revised and much enlarged, with three hundred and seventy illustrations; Philadelphia: BLANCHARD & LEA, 1857. (For sale by Riley & Co.)

This work is simply what its title indicates, "a Manual of Examinations." The object of the author has been to furnish the student with the principal points necessary to guide him in the prosecution of studies. From a slight examination of the work, we are inclined to think the author has succeeded well in his undertaking. The science of medicine, of late, has made rapid strides in several of its departments, and the author seems to have been careful in combining in the present edition a glance of the recent improvements.

PART FOURTH.

EDITORIAL AND MISCELLANY.

Medical Evidence.

There is something in the character of the evidence with which the physician operates that is not very easily comprehended, and it is owing to this circumstance, that we not only have differences of opinion among the people, but differences of opinion among medical men themselves.

We by no means expect to elaborate a matter that there is so much of, with a few paragraphs, but desire merely to offer a thought or two.

The differences among physicians, when the same evidence is before them, will be found to resolve itself into degrees of capacity; for equally endowed, equally possessed of observation and logic, the conclusions must necessarily be the same. In diagnosis we have presented a great variety of facts and phenomena in order to form the premiss of the process by which we arrive at the conclusion—the nature of the disease. The same thing is true with reference to therapeutics, to surgical procedures, etc. In the former, the matter in question is, the medicine that will most likely cure the case; in the latter, whether or not the operation should be performed.

Either of these departments would be sufficient for illustration; but we will select, as being perhaps the most fertile, that of *therapeutics—the action of medicines—what they accomplish, etc.* On the action of medicines, we are met at once by a variety of theories, theories old, and that have had much warmth and energy exhibited in their enforcement. In modern times the number of these have been materially abridged, and the disposition is to abridge still further, or rather to dispense with theories altogether. This feeling, however, has, in a measure, been checked by modern chemistry, which has came forward and proposed greater accuracy, and, as a consequence, has captured some of the best minds of the profession. Of the chemical, as of other theories on the action of medicines, it may be stated, that there is a want of conclusiveness, that, to well regulated minds, is very obvious. If there were no vital principle present, during the time that medicines are in action, it would do very well to say that all are explicable on chemical principles—that the whole process is merely an exhibit of what occurs in the laboratory. But inasmuch as ignoring the vital principle—the something that makes up the difference between a living man and a lump of clay—does not appear very philosophical, prudent men are still disposed to stand back.

No one has ever explained the *modus operandi* connected with the growing of a spear of grass; and, until such questions are resolved, we may content ourselves with imperfect knowledge of the *action* of medicines.

The evidence connected with the curative department of medicines, with their value as curative agents, although not in its nature so imperfect, is still sufficiently difficult; and it has only been from the labors of great numbers carried on for centuries, that a species of certainty has been imparted to the subject.

The evidence connected with the effect of a drug, is of a particular character. It is not the evidence of *intuition*, as that the whole is greater than a part, or that every effect is produced by some *cause;* or the evidence of *reason*, founded on certain indubitable deductions from well founded premises; or the evidence of FAITH, deduced from the testimony of others. We say that it is not either of these taken separately, but all of them combined. When a dose of medicine is administered, all of the phenomena following as the result, make up what we call an '*experiment*,' and the process of mind brought to bear on the case we designate by the term '*observation*.' Experiments apply to dead as well as to living matter, and in the former instance are much more simple and conclusive than in the latter. In the latter, experiments upon organized matter, a new element, the *vis vitæ*, is present, potent in the way of complicating results, and also very difficult to comprehend. The actions and reactions of atoms of unorganized matter, and all the circumstances affecting these, differ very materially from what takes place, when a dose of calomel, for example, is administered. To estimate the former, nothing is necessary but an acquaintance with the properties of the substances; to estimate the latter, the physician must take into consideration the QUALITY of the drug used; the DOSE adapted to the case; the TIME during the course of disease of administration; the TEMPERAMENT, moral, physical, habits, etc., of the patient; the SECONDARY effects, by which other organs or the whole system sympathizes with the primary impression. To resolve such questions, the utmost of human power is often required. The effort to do so is familiarly called an "Observation." But what do we mean by the term? The process is not merely one in which the SPECIAL SENSES are called into play. This we do, and much more. The principle of FAITH is invoked; we have to know from the testimony of the patient and others, every thing touching the history of his case. Then again, the phenomena presented are grouped into classes, which serve as the data for *reasoning*, as the material from which inferences are derived. And at last we invoke the evidence of *intuition*, certain effects being present after the administration of the drug, must be ascribed to a cause, or causes.

It might seem that such an array of difficulties presents medicine in rather an unfavorable light. We do not so regard it. They really confer upon it, its highest character as a science, and show the indispensable necessity of the largest investment of intellection. Rightly regarded they explain why it is that the masses of mankind are so prone to irregular systems, impositions, etc. No one, indeed, whose mind has not been daily accustomed to grapple with the sources of sophistry connected with medical inquiries, can be anything else than a victim of false reasoning.

The legal profession, like the clerical, operate by the principle of faith. The philosopher deals mostly with the simpler material forms of matter, and uses mostly his senses, while the poets, historiographers and the like, adopt facts or fiction, as suit their purpose, and mostly call into play only the powers of imagination. Neither of these seem to require anything like the amount of capacity necessary in medical inquiries.

Medical men are frequently upbraided with the statement that the world renowned poet Mr.—— patronizes eclecticism; that the novelist, Bulwer, is a hydopathist; that the governor of the State of—— is a homœopathist. Supposing this all true, it only proves that such gentlemen are not qualified to comprehend medical evidence, and are on a par in this respect, with the superstitious and ignorant of the day.

Nine-tenths of the population of the world have, up until the present hour, failed to appreciate the plainest and most available principles of therapeutics. Rome was without a practitioner of medicine for 600 years after the Empire was founded, although making rapid advances during the time in many departments of art and science.

The Chinese civilization, which perhaps embraces the most philosophical political system yet devised, contains nothing comparatively in the way of medical science. The same is true of most of Asia and Africa. Coming nearer home and looking at Europe and America, we find the masses more prone to the impulses of instinct and superstition than to anything like science. Gobineau, a French author; says that of the 37 millions of French now living in France, only about 12 millions are civilized. The rest cultivate, from generation to generation, the traditions, superstitions, etc., of their ancestors. Such being the case of our national neighbor, a race proverbial for sprightliness, the readiness with which it adopts improvements, and for its possession of old and well established institutions of learning, what may reasonably be expected from other portions of the world, less highly favored. We have only, indeed, to look around in our own country to witness a state of things similar to what there is in France, if not worse. It would be sensible to compound on our having one out of every three of our population rightly civilized—qualified to appreciate truth when presented. Instead of this, however, the assertion is far from being reckless, which makes the proportion of uncivilized for our own country double of what it is acklowledged to be in France. There is scarcely a neighborhood in any of our most advanced States, but what may have, at any time, nine-tenths of its population victimized by the most transparent humbug of the day.

Late Meeting of Ohio State Medical Society.

We attended the meeting of the Society at Sandusky City, and were pleased to find present a very good representation of the profession from different parts of the State.

The business which came before the Society exceeded very much in quantity that of some previous sessions, and we should think would make a very respectable "Volume of Transactions."

Nothing occurred to disturb in any manner the harmony of the deliberations. We believe no exception, whatever, was taken to the manner in which the officers discharged their duties. All seemed to be desirous to waive technicalities, avoid wrangling, and unprofitable discussions.

We should fail to do justice to our own feelings, not to notice the very cordial and hospitable reception extended to the Society by the profession and citizens of Sandusky. The interview opened with a series of hospitable demonstrations, and these were kept up as long as a delegate tarried in the place. Besides parties, soirees, balls, reunions, etc., an excursion was provided for the Society, to the Islands of that part of Lake Erie, in a fine commodious steamer, the Bay City. In this, the Society was joined by a large company of the ladies and gentlemen of Sandusky city. As the vessel approached the spot where the gallant Perry achieved his victory, the first, up to that time, that had been made over an English squadron, the blood of the whole company seemed to grow warm. The historic eye, it seemed, could look back and see flying from the top of the mast of one of the vessels, the motto, "Don't give up the Ship;" it could see Perry himself, after his own boat was shattered by the enemy, making his escape from the sinking vessel amidst the volley of bullets, to another one, bearing aloft in his hand to place it still higher, the flag upon which was inscribed the dying request of Lawrence. Then, after the victory was won, the same eye could still see the commander, calling for pen and paper, to dispatch to General Harrison the result: "We have met the enemy and they are ours!" Such feelings, as we before remarked, became buoyant, and had to have something provided in the way of expression. A platform was accordingly erected on one end of the boat, from which we had quite a number of patriotic speeches, all going to show that Doctors too feel the truth of the maxim, *patria cara.*

A successful meeting, we repeat, was the one held in Sandusky; and those who were not there, are out just so much for life.

Close of the Ninth Volume.—The present number closes the ninth volume of the Journal—and we have a word or two to say to our readers. We have since our connection with the publication, endeavored to make it not only passable, but acceptable to the most cultivated taste. We have no proclivity towards theorising, no love for mere speculation, no faculty for the marvelous or romantic—our aim has been to furnish our readers with facts, to direct attention to what is reliable and practical, and to inspire a wholesome caution with reference to everything like innovation.

It might seem proper here to take a retrospect generally of the year medical. We have no time at present for such a labor. Were it done, it would show progress in the way of additions to present stock, and progress also in reasoning.

College Changes — Resignation of Prof. S. G. Armor.— Some three months since, we are informed, Prof. Armor resigned his professorship of Pathology and Clinical Medicine in the Medical College of Ohio. For certain reasons, the matter was not made public until of late. Prof. Armor goes to Dayton, as rumor has it, to reside, with the intention of making that city his future home. Prof. A., in his professorial career, has shown himself to be an able teacher; and the profession of Dayton may well congratulate itself on receiving such an acquisition.

Fusion.— The Miami and Ohio Medical Colleges at Cincinnati have recently subjected themselves to a series of processes, for the description of which the term fusion comes into very good play. The Faculties of the two colleges, as we are informed, have been united; or rather, perhaps, out of the two a new one has been formed. With the reasons which led to this change, we are not acquainted.

Books Received.— The following works have been received and in due time will be formally noticed in the *Journal*:

Churchill on Diseases of Women; publishers, Blanchard & Lea.

Montgomery on Pregnancy, Obstetrical Essays, etc.; publishers, Blanchard & Lea.

Rigby on Female Diseases; publishers, Blanchard & Lea.

Indigenous Races of the Earth, by A. Maury, F. Pulsky, J. A. Meigs, J. C. Nott, G. R. Glidden; publishers, J. B. Lippencott & Co., Philadelphia.

These works are on sale in this city by Riley & Co.

Also, a Catalogue of Human Crania, from the author, T. Aitken Meigs, Philadelphia.

Transactions of the Medical Society of the State of New York, from Prof. A. March. Illustrated, Catalogue of Medical, Surgical and Scientific publications; by Blanchard & Lea, Philadelphia. Catalogue of Medical and Scientific publications; by S. S. & W. Wood, New York.

To Subscribers.— The present No. closes the Ninth volume of the *Journal;* and those "in arrears" for subscription will please consider the propriety of at once making remittances. Delays beget trouble, besides, they are a great injustice to the publisher.

To Correspondents.—We have several communications on hand that will receive attention in our next No. Our "original department" however will hold a large amount; and nothing cheers us up more than to see it filled with good matter. Without "*home production*" it is impossible to be rich — or rather, it is impossible to avoid being poor.

Starling Medical College.— In this No. will be found the advertisement for the ensuing session, 1857–8. The session it will be seen, commences in October and continues to March, making a period of *five* months. Experience, so far, is very much in favor of this change on former custom. It is a convenience to both the teacher and the taught, and must become the usage of the country. Time is an essential element of everything, but in nothing is it of more importance than in an education.

The position of Columbus for a Medical School is as favorable as any in the country; and the facilities which the school is now able to afford in the way of clinics, anatomical material, etc., are as good as could be desired. A student who leaves Columbus after having passed through the curriculum, without being possessed of a good stock, need go nowhere else.

Receipts.—For receipts, see cover of *Journal,* which contains the notice of those not otherwise acknowledged.

Ophthalmic Surgery—By the Editor.

Case 1.—*Lenticular Cataract.*—John Whetmore, 17 years of age, of rather good constitution, came under my care while serving as Physician at the Asylum for the Education of the Blind. The history the patient gave of his case, was, that he had been blind since three years of age, and, living in an obscure region, no attempt of any character had been instituted for relief.

Amount of vision present.—From inability to perform any kind of labor at home, the patient was sent to the Asylum for education. While at the Asylum, he could see sufficiently in shaded places and at twilight, to go about the Institution, but could not recognise any difference in objects.

Form of the disease.—The opacity was of the grey variety; firm in consistence, uniform in appearance, and, from the best diagnosis that I could make, involved both capsule and lens. The disease being of 14 years standing, it might have been expected that adhesion had taken place between the ciliary body, or the iris, and the lens. It had, as was evinced in the operation, but not to any great extent.

Operation.—The operation was performed on both eyes at the same sitting, in the month of March, 1855, by the method of displacement, called *depression.* On attempting to carry the lenses out of the axis of vision, each was observed to be adherent at its upper margin to the iris; and after the operation, a portion of capsule was found sticking to the iris of each of the eyes.

Result.—No untoward event occurred, except that the lens of each eye was noticed, some three weeks after the operation, to have risen slightly above the lower margin of the pupil. As absorption appeared to be going on rapidly, a *second* operation was not performed at the time; and afterwards it was not indicated. From the great length of time that the patient had been affected, it would have seemed that the optic nerve, merely from want of use, would have been paralysed. Such was partially the case; but from the time that light was admitted into the eye, the sight began to improve, and the patient left the Institution with vision sufficient to perform any of the ordinary avocations of life.

Case II.—*Entropium.*—Miss ——, of scrofulous habit, and about 19 years of age.

History of the case.—I was informed by the patient that her health for five years previously had not been good; and that her eyes had been in a state of irritation and inflammation for most of the time. Drugs of different kinds had been applied to the eyes, and general remedies used, but with only temporary relief; and at one time eliptical portions of skin had been removed from each of the upper-lids. At the time that I operated, both upper-lids and one under-lid were inverted so as to hide entirely, in ordinary light, the globe of the eye. The conjunctiva, from the irritation occasioned by the eyelashes, was inflamed throughout, and extremely sensitive to light. From the long standing of the disease, the orbicularis muscle was contracted so much as to lessen the fissure between the lids, while the right lower lid was inverted upon itself like the roll of a piece of parchment.

Operation.—General remedies, local applications, and the removal of portions of the skin from the lids having been productive of no permanent benefit, I concluded to adopt a different method. Two perpendicular incisions were made through the whole substance of each of the upper eye-lids, one near the external canthus, the other just on the temporal side of the puncta lacrymalia. The lid being thus set free, a transverse fold of skin was removed from near its ciliary margin. The edges of the gap thus produced were brought together by three stitches, the threads of which were left long. The lids were then everted, and by means of the long ends of the threads, which were drawn up and attached to a strip of plaster on the forehead, an elevated position was maintained for several days. The lower lid on the right side, so altered in its postion, was entirely removed. The operation was followed by a relief of the pain that had been constantly for years experienced. On the division of the orbicularis muscle, the patient instantly expressed relief. Granulations soon filled up the incisions through the lids, the conjunctivitis subsided in a great measure, and the patient was very much benefited by the operation. We have learned lately, however, that the scrofulous conjunctivitis has in some measure reappeared, but not the *entropium*

(*To be Continued.*)

Baron Dubois' Method of Inducing Premature Labor.—Being an Extract from the Note Book of George G. Minor, M. D. New Kent County, Va.

February 3d, 1840.—Dr. Dubois exhibited before the class a dwarf three feet three inches high, twenty-three years old ; pregnant at the sixth or seventh month ; systematically formed, and of attractive beauty.

Feb. 15.—The little dwarf is now in labor, brought on before the time.

The following is the manner in which this labor was provoked :

A *prepared* sponge (prepared by coating it externally with beeswax) was introduced, by the means of a speculum, into the mouth of the womb—the speculum suffered to remain in situ, and stopped with another sponge, to prevent the first from escaping.

A dose of ergot was administered, and pains soon came on.

The sponges were taken out, because the pains were too constant, with the hope that they would become intermittent, as was the case.

On examination per vaginam, the os tincæ was found dilated, the rupture of the membranes was effected and a large quantity of water was discharged. A breech presentation was found. This was a misfortune, as Dr. Dubois said.

During the night the pains were suspended. A dose of ergot was taken, but being rejected, thirty grains were administered in injection.

Finally, the labor was successfully performed, and a living female child brought forth, weighing three pounds ten ounces.

The mother was much disappointed that it was so small, and a girl. She wanted a boy !

Both mother and child did well. This case is interesting, because of its occurring in so small a woman, and showing Dubois' manner of inducing premature labor.

From Hon. Sam'l. Galloway, we have received the Statistical Report on the *sickness* and *mortality* in the Army of the United States, embracing a period of *sixteen years ;* from January, 1839, to January 1855 ; prepared under the direction of Brevet Brigadier General Thomas Lawson. We shall give at some future time an analysis of this report, with such extracts as we may regard of most interest.

In the meantime we may remark that the business of obtaining statistical information on the sickness and mortality of our country, a country embracing almost every variety of climate and geological formation, may now be said to be inaugurated ; and the result will be enlarged views, liberal policy, and the abridgment of some of the most prolific sources of disease.

The following from the Western Lancet hits off a certain matter about right.—EDITOR.

"The *practice of medicine* presupposes the existence of subjects and operators; and to the former is due much of the acerbity and ill feeling which exist among the latter. In some communities, patrons and partisans are synonymous. Physicians may, and too frequently do, indulge in unguarded remarks concerning their professional brethren; but for every case of unpleasantness, originating among them from this cause, there are five, resulting from designing mischief-makers and tale-bearers. Many of these latter individuals will not employ a doctor who discountenances in any open manner these abominable practices; but will turn with indignation from him to those who will give an eager ear or a word of encouragement to their tales of slander and defamation. Show me a physician who is surrounded by these croaking allies, extending their support and influence to him, and I will point you to a man who is fond of professional slander, when it is heaped upon a rival, and will not scruple himself to add his own words of detraction."

The National Hotel Endemic. [A letter to Dr. C. Boyle, published in *The States*, May 8th, 1857, by ROBERT KING STONE, M. D., Washington, D. C.]

In answer to your queries concerning the endemic disease at the National hotel, I have to state that my observations were limited to but two cases, and these yielded to the simplest anodyne treatment.

Although a member of the board of health, I was not one of the investigating committee; yet, at a previous meeting of the board, I distinctly indicated to them that probably the sewerage of the hotel was at fault. One of the proprietors called upon me, before I had heard of the existing disease, and, after the most careful questioning, I could learn nothing from him but that one of the water closets had exploded when a lighted paper was accidentally cast into it. He then gave me the names of the persons who purveyed for the hotel, which showed that the food used was the same as that furnished for the tables of a large proportion of this community. The drinking water supplied to the house was analyzed, and with no other results than there was some slight excess of saline ingredients. If the fault was here, why were not you and the thousands in that vicinity who used the same water daily, similarly affected? You know, however, that there were no cases outside of the house.

The board of health was informed that the sewerage of the hotel was not perfect, and the fall to the canal into which it drained, was very trifling. The intensity of cold during the past winter was almost unprecedented, and the canal into which the sewers emptied was almost frozen solid. It must be remembered that if the main or corporation sewer was perfectly pervious, still the private sewer, which had so little fall, was probably not so. Of this though, we must judge from the effects.

This disease, I learn, began during the intense cold weather, in a house which always has been thought to be badly ventilated, and, if you remember, all the piazzas which surround its court yard were tightly closed with glass. No particular alarm was at first created; and it even seems every endeavor was made to stifle any noise in regard to the matter, as every one supposed that the affair was but of a temporary character. The board of health, however, was informed and learned that a peculiar diarrhœa did exist, and that it was on the decline. The attempt then made to attribute the malady to the spring water used was most promptly repudiated by the board, and its opinion was inclined to the imperfect ventilation and sewerage. The members of the board for that ward visited the premises, according to their obligation. At this time the weather moderated, the house was well ventilated, and no source of offensive or noxious exhalation could then be found. A subsequent visit of the commissioner of health led to the same result; and therefore a card was published, stating that after a careful examination of the premises, no local cause of danger was manifest.

The intense cold weather returned, and with it an increase of the malady and its relapses. The board became alarmed, and at once appointed a committee, consisting of its president, W. P. Johnson, M. D., Charles F. Force, M. D., commissioner of health, and Charles L. Coltman, Esq.. one of our most practical and influential citizens, and most deeply interested in the welfare of a city where he has so much at stake.

This committee was ordered to inspect the premises thoroughly, and to take testimony. This they did do, and with the greatest promptitude, on account of the great anxiety of the public mind.

The testimony taken before them, as well as the examinations made, induced them to reiterate the opinion that they believed the malady to be due to imperfect sewerage. The waste water drains and those from the privies emptied into a sewer, which, from its trifling fall and the want of a "stench trap" on the premises, cast the noxious exhalations from the offensive matters into the house, and more especially at night, when there was less ventilation and motion in it. Numerous witnesses were examined as to the mode of their attack, &c., and it was found that some had suffered who had neither eaten nor drank in the house. The cooks were violently attacked, and with relapses of the greatest severity. Mr. Gaultier, the chief cook, who prepared the whole of his private food, appears to have been the greatest sufferer of all. The servants of the house were constantly sick, so that the attendance on the sick guests was necessarily bad.

On carefully inspecting the premises, some of the investigating committee were rendered sick by the smell in certain portions of the house, and more especially in a room which contained a hot air register, long unused, and which communicated with the cellar. Whilst attending a patient there for another disease, I had noticed a very offensive or putrid odor in portions of the house. Of course, before the committee paid their sanitary visit to the premises, preparations could have been easily made to cleanse and sweeten the house, and therefore any unhealthy or filthy condition be removed. I was informed that during the cold weather a water closet above the pantry (which was between the ordinaries) had overflowed, and the said pantry was exceedingly offensive. I was also informed that the closet used by the male servants of the house had been in a most disgusting condition during the severe weather. The exhalations from this cause, I was told, could also reach the pantry.

An examination of the sewerage was made by Mr. J. T. Ferry, a practical sewer builder, who witnessed with the committee that a stream of fœtid gas poured from the sewer into the house with a sufficient force to extinguish a lighted candle. Having learned that he and his workmen had been sick in consequence of his investigations, &c., I called upon him for a statement, which is as follows:

WASHINGTON, March 30, 1857.

SIR—In answer to your enquiry relative to the rumored sickness of myself and the men in my employ at the National hotel, I would say that we have all been slightly affected. With myself, the attack was first feebleness, and then diarrhœa. My journeyman had no diarrhœa, but complained of nauseated stomach, giddiness, and inclination to vomit. One of my laborers had a severe diarrhœa, probably six or eight calls in the course of a day.

Respectfully, yours,
JAS. T. FERRY.

DR. ROB'T. KING STONE.

Perhaps no amount of scientific argument could convey a stronger impression to the public mind than the above pointed response to my query. Let us imagine, then a current of fœtid gas passing into sleeping rooms, which was sufficient in volume to almost extinguish a lighted candle; and then, too, sufficiently intense, even in the open air, to make robust sewer builders sick. You know how much more prone we are to the effects of atmospheric poison at night, and especially when asleep. Experience in cholera, in bilious and intermitten fevers, has long since made this an unquestionable matter. May not, also, a question be raised as to the effects of putrid exhalations on food and meats, exposed to the mingled effluvia from the decomposition of animal and vegetable organic matter in the sewer of a vast hotel, in which the excreta of so many hundred individuals are daily voided? I will in a few moments dwell upon the character of the exhalations from putrid matter.

To resume, then: When the weather was cold, and the debouchement of this sewer, with a bad fall, was probably frozen, in or near the canal, the disease was at its height. When there was a thaw (and the weather being warm) the house was well ventilated, and consequently the malady declined in a remarkable manner. With a renewal of the intense cold, the malady reappeared with violence, as you know. The investigations of the committee showed that the food was perfectly under the control of the cooks, who were the greatest sufferers; and those who especially for the occasion prepared their own food, suffered perhaps more than others. The food, &c., was shown to have come from well known purveyors; the kitchen utensils were proved to have been of a most superior order; and how then can one, with these antecedents, incline to the opinion of mineral poisoning, especially when many suffered who neither ate nor drank in the house, whilst some of those who did do so were perfectly exempt from all ill effects? The susceptibility of persons to the exhalations from putrid decomposition is very varied. Many can live in the atmosphere congenial to the vulture without ill effects, whilst some, with sensitive alimentary canals, are instantly prostrated with diarrhœa and abdominal fever. I remember that my late distinguished friend, Robert M. Porter, M. D., professor of anatomy in the university of Nashville, Tennessee, could never disect with us in the Ecole Pratique in Paris without profuse diarrhœa, and he lately lost his most valued life from the inhalation of putrid poison in his lecture room. The exhalations, which did not affect me or his other friends, produced upon him the most exhausting effects. My own prosector in the medical college here was always similarly affected when his subject approached decomposition.

It is important to remember that the water closets of this hotel were the resort of hundreds daily who had no right, as residents of the house, to that privilege. The amount of human excreta daily must then have been enormous, as the city was filled with strangers in anticipation of the coming inaugeration.

During the period of warm weather the windows of the house and piazzas were opened freely, and, of course, the general ventilation of the house was greatly improved. When the weather became very cold again, its intensity compelled the occupants to keep their windows closed; whilst, at the same time, the condensation of the air and vapors in the chambers by the same cold concentrated the miasm which the warm weather had previously diluted. In addition to the well known unhealthy gases, which all chemists admit do arise from the decomposition of animal and vegetable matters, as in sewers, &c. it is now believed that there is an exhalation of putrid organic matter, in a state of most infinitesimal subdivisions, which is cast off in clouds and suspended in the gases and intermingled atmospheric air. Experiments have been made of condensing, by cold, such exhalations; but the resulting fluid, charged with the putrid matter, was of so offensive a character that the examining chemist was compelled to desist from his operations. We might here dwell for a moment upon the difference of the effects of vegetable and animal decomposition. Medical authorities designate those exhalations from vegetable decay as malaria, and the effects of these are the well known bilious, remittent and intermittent fevers, &c.

Sanitary investigations, as in London especially, have shown that the diseases which have a clear and well defined connection with the other, or fœcal miasm, are summer diarrhœa, dysentery, and typhoid fever. By this is meant diseases produced by exhalations from privies, cesspools, and badly drained sewers. So well is this danger known in the city of Paris, where much intestinal disease always prevails, that it is positively forbidden to establish, between houses and the public sewers, openings or communicating pipes, through which may be discharged the household waters, or the contents of privies.

In connection with this subject it may be stated that the celebrated Parent Duchatalet expressively advises that the workmen employed in sewer cleansings should be those accustomed to such labors, and that they be well fed, clothed, &c.

The sanitary commissioners of London report that the abdominal forms of fever are found in places unvisited by scavengers and those without sewers, or, if sewers exist, where there is no supply of water to cleanse them. Another report of the same commissioners shows that the tracks of cholera and typhus were there identical, and the local conditions which favor the spread and increase the intensity of these and all kindred maladies, are every where similar. The distinguished Dr. Guy, of London, who has devoted his life to sanitary reform, has said that, knowing where the greatest mortality from typhus, typhoid fever, diarrhœa and cholera exist, he could map out accurately the courses of the great sewers of London.

In a report of the commissioners of health in London, it was demonstrated that a fever of this peculiar abdominal character was coincident with the course of a badly drained private sewer. Boys at the Westminster school were made ill by playing in the grounds upon which seven of the gratings from which this badly drained sewer were opened. The surgeon of the dean of Westminster reports that even those boys who did not sleep at the school were affected. He himself was attacked by nausea, vomiting and diarrhœa, with peculiar fever, from passing by these drains, and with another case, reports that of a gentleman who had nausea, vomiting, diarrhœa and febrile disturbance, by only passing one of these "gully holes."

In Paris, where these fœcal miasmata are abundant, and where strangers alway suffer from diarrhœa at their first coming, it is shown that inflammation and ulceration of the intestinal canal is a frequent complication of disease. The famous Dr. Forbes, of London, editor of one of the most influential journals in the medical world, has always expressed his opinion that fœcal miasm is sufficient to develop continued fever and this morbid state of the bowels.

In many parts of London it has been shown that the sewers were but elongated cess pools, and only emptied by freshets. The mortality statistics showed that there was a relation between the miasmata and the existing diseases; "when deaths from diarrhœa were at the maximum, those from typhus were at a minimum, falling from thirty to fifteen."

During the summer the mortality from diarrhœa was at its height at the very time when the amount of the miasmata in the air of London would be the greatest; that is, when, from want of flooding rains, the accumulation in the cess pools and sewers was the greatest, and when from the temperature the decomposition would be the greatest. Thus after a heavy rain which scoured out the sewers, we find a diminution of mortality from diarrhœa alone from one hundred to twenty-five in a week!

It has been well known that the exhalations from sewers have produced gangrene in wounds of patients in hospitals, who were exposed to these effluvia. In one of the hospitals of Paris it is on record that the mortality is greatest when the wind blew toward it from the opening of the sewers of that city.

The data on this subject might be reduplicated; but I think sufficient matter has been adduced for reflection. As no cases have proved fatal here, does it not give rise to the suggestion you made me that these cases, being considered elsewhere as those of mineral poisoning, may, from the antidotes administered, have been aggravated in their character?

It is a most singular fact, that in the city where the disease originted, not a single death has been reported. A striking peculiarity of this diarrhœa was the tendency to relapse, long after the patient had been removed from the house in which the mineral poisoning might have been supposed to have occurred. Rumors have reached us that in persons who died elsewhere, the mucous membrane of the stomach presented appearances of corrosive action; but of this we have no single authenticated instance as yet. The idea has been thrown out that arsenic was the cause; but the best French authorities are positively against the continuous action of arsenical poisoning when the patient has no longer been exposed to daily doses of the poison. Orfila and Chatin state that "arsenic when absorbed does not remain indefinitely in the system, but is entirely eliminated from it in twelve or fifteen days, provided the fluids drank each day do not exceed a French pint." A chemical friend suggested to me that if the walls of portions of the house were covered with paper colored with Scheele's green (or the arsenic of copper) the train of symptoms in some rare cases might be satisfactorily accounted for by the action of the sewer air upon it.

JEFFERSON MEDICAL COLLEGE.—We learn that Dr. R. M. Huston has been compelled, from ill health, to resign the Professorship of Materia Medica and Therapeutics in this Institution. Prof. H. was an active and zealous member of the faculty, and contributed largely by his labors, to the success of the school. We wish him a full share of happiness in his retirement.—*Med. Times.*

DEATH FROM INHALING CHLOROFORM.—An accident of this kind occurred on the 5th of April last, at the Royal Infirmary, Liverpool. The subject of it was a man 35 years of age, to whom a drachm and a half or two drachms had been administered preparatory to the application of a ligature to the femoral artery for popliteal aneurism. Every effort at resuscitation proved fruitless.—*Med. Times.*

DEATH FROM AMYLENE.—Last week, patient, aged 33, was operated upon for fistula in ano, by Mr. Fergusson. Previous to the operation, amylene was administered by Dr. Snow. Unconsciousness was produced in two minutes, and the operation quickly performed, the anæsthetic being inhaled altogether three minutes. The pulse ceased during the operation, but respiration continued for at least ten minutes afterwards. The patient moved after the pulse ceased, and gave signs of rallying. These symptoms proved, however, fallacious, and he died in a few minutes. On examination, there was found slight dilatation of the right ventricle of the heart; the lungs were emphysematous. Dr. Snow concludes that death resulted from the amylene, the condition of the lungs probably tending to the fatal result. This case was the 14th in which Dr. Snow had administered amylene, and on no other occasion was its employment attended by the slightest ill consequence.—*Lancet,* April 18, 1857.

Anæsthetics.— Mr. W. M. Clarke, lecturer on Forensic Medicine at Bristol Medical School, read an interesting paper on this subject before the Bath and Bristol Branch of the British Association. He inquires, first, "why it was that chloroform so soon took the place of ether, notwithstanding that the latter agent was so lauded and held up to be so faultless, when it first came up?" and he comes to the conclusion that it was owing to the greater power of chloroform. "Ether," he remarks, "was somewhat uncertain in its effects, and it was often difficult to produce anæsthesia with it; whilst chloroform was easy to administer, and very effectual to the end proposed. No great importance seems to have been attached to the question of comparative danger; neither does it seem that any one, after chloroform had ended fatally in many instances, troubled much to compare the two. It is generally admitted that ether was in no case the cause of death, notwithstanding that it was so indiscriminately, and, in many cases, so carelessly administered. On the other hand, it is certain that chloroform has been in fifty cases the cause of death; and that in some of these the result has happened in spite of every precaution, in defiance of every care. Hence it is that we are still seeking a new anæsthetic, and that at the present time we are watching the trial of amylene with so great an anxiety.

"The great disadvantage of chloroform is, no doubt, its danger, and the anxiety that must always attend its administration. I must, however, after a long and full experience of it, express my confidence in it, and say that it is a means to which we are fully justified in having recourse. But other disadvantages attending its employment have been alleged against it; and it appears to me that they are being made too much of at the present time. These are principally excitement during the operation, and sickness and exhaustion after it."

* * * *

"In a certain number of cases, when chloroform is being inhaled, there is excitement, chiefly showing itself by struggling. Out of sixty-eight cases, in which I have taken notes with regard to this point, it occurred twelve times, from which it may be seen, that it is by no means an ordinary effect of chloroform. Moreover, in most of the cases in which there is struggling at first, the patient may be pushed on to a state of quietude. There are, however, a few in which the struggling, being attended with other symptoms similar to those of epilepsy, it would be unsafe to quiet the patient by giving more chloroform, and in which the surgeon must be prepared to operate whilst the patient is held still by assistants. This production of struggling certainly lessens the value of chloroform in a few cases; but they are not very common.

"Sickness, violent, obstinate, and prolonged, even over several days, is undoubtedly one of the most troublesome after-consequences of chloroform. This disadvantage is, I believe, admitted on all hands. All-important, however, as is this consequence, it is certainly not so frequent as is commonly supposed. With reference to this point, I have examined carefully the notes of thirty-four cases, of which I have recorded the details at considerable lenght. In twenty-nine of these there was no sickness after the inhalation; and they were cases well calculated to test this matter. They included various kinds of operations; and the time during which the patients were kept under the influence of chloroform varied from a few minutes to upwards of an hour." * * *

"In examining whether chloroform be liable to induce great exhaustion or not, we are at once met by a difficulty which it is not very easy to get over. We cannot well tell how much is to be attributed to the inhalation, how much to the operation itself. It will be remembered that many operations which were scarcely ever performed before the introduction of chloroform — operations involving considerable time and great shock to the system — are now performed frequently. It would be the tendency of such operations to cause great protracted exhaustion; and I question much whether the exhaustion, which has been attributed to chloroform, would not often have been greater if the patient had been obliged to be conscious during all the time of a long and tedious operation. I have not seen any evil result from this cause, which could fairly be said to be the effect of chloroform." * *

"Amylene, both in its general properties, and also in its physiological effects, appears to be more like ether than chloroform. It differs, however, from both. Than ether it appears to be more effectual, much less liable to produce excitement before begetting insensibility, less disposed to cause subsequent unpleasant effects. On the other hand, it is like ether in having a disagreeable odor, in being of low specific gravity and very volatile, in being difficult to administer to a full effect, and in having to be used in verv large quantity.

"From chloroform it differs more. But principally in the same respects that ether differs from chloroform. In short, in its effects it appears to occupy a middle position between the two. To be more effectual than ether. To be less dangerous than chloroform. It is said not to be attended with struggling; and not to be followed by sickness; and in the larger number of cases in which it has been given, this has been proved. Dr. Snow has used it in sixty-two cases, and in only two was there any subsequent sickness."

In conclusion, he states: "I think it very probable that we shall be placed in the same position with regard to anæsthetics as to many other medicines. We shall have, most probably, hereafter, to select the most appropriate in each particular case. Thus, as in prescribing mercury, we select the form best adapted to the case before us, so in the production of anæsthesia, it will be our wisdom to select the anæsthetic which will best suit the requirements of the case before us. Where the operation only involves the skin, we shall do well to employ Dr. Arnott's method, which is most assuredly deserving of more consideration, and of more extended use, than it has hitherto met with. When, on the other hand, the operation is more severe, and likely to be longer continued, we may choose amylene; and we shall be the more led to do this, if from any reason we suppose our patient will not bear well the use of chloroform. But when we want to produce the most thorough unconsciousness, when we require to keep up the condition for a long time, and especially when, from any circumstance of the operation, we cannot apply the inhaler with sufficient assiduity for maintaining the effect of amylene, then we shall, I believe, still have recourse to chloroform, which, although it appears to be the most dangerous of the anæsthetics at present in use, yet has the great advantage of being by far the most effective.—*British Medical Journal, March,* 28, 1857.

Accouchment of the Queen of England—Chloroform administered to Her.—The birth of a princess, on Tuesday, took place while the Queen was under the use of chloroform, administered by Dr. Snow. Symptoms of approaching labor manifested themselves on Monday evening; but Dr. Snow and Dr. Locock were not sent for until 2 o'clock on Tuesday morning. The labor was more lingering than any of her majesty's previous confinements, and it was not until 11 o'clock that Dr. Snow was requested to administer the chloroform. After some time, it appeared that the anæsthetic seemed not only to relieve pain, but to retard the labor, and it was discontinued for a time. It was repeated, however, at intervals, and the princess was born at 45 minutes past 1, her majesty not being in a state of total insensibility, although unconscious of pain.—*Med. Times and Gaz.*, April 18, 1857.

PERCHLORIDE OF IRON IN HEMORRHOIDS.—M. Thierry states that he treats hemorrhoids, even when large, by first blistering them, and then applying the perchloride of iron to the denuded surface, under the influence of which they sink and disappear. The cure may not be radical, and they may reappear under the influence of the causes that originally produced them; but this is only the case after a considerable period, and in the mean time health is restored and occupation resumed. M. Thierry employs the same treatment with success in varix.—*Union Méd.*, 1856, No. 101.

CASE OF LATE DENTITION.—Dr. Deutsch was called in consultation to a man, 34 years of age, who for some weeks past had been the prey of intense pains in the head and face, the origin of which he had at first attributed to several decayed molars, the crowns of which were destroyed. There was very great swelling of the neck and face, abundant discharge of saliva, and difficulty of deglutition. But the most remarkable thing was the appearance of several new teeth. Thus, somewhat in front of the incisors of the upper jaw, four new incisors were found, irregularly disposed, two in the like manner presenting themselves in front of the two middle incisors of the lower jaw. New canine teeth also appeared in the upper jaw, between the incisors and the canines. In the lower jaw the new canines sprung up from below and in front of the old ones. The two bicuspids in each jaw and on both sides were pressed backward by new bicuspids. With respect to the second molars of the upper and under jaw of the right side, and of the upper jaw of the left side, the new teeth appeared in the midst of the decayed molars without displacing these, and in such manner that the remains of the old tooth-walls formed partial envelopes for the new. No new teeth were found corresponding to the first molars, although the old ones were carious or to the second molar of the lower jaw of the left side. All the third molars were broken away. All the old teeth were so firmly placed as to be removable only by force. The new teeth were very fine ones. From the time of their appearance the patient's suffering ceased, although the effects of this continued sometime to be apparent. A skillful dentist gradually removed all the old teeth, and those of the new which had grown out amidst the old were removed with these latter. Some months afterwards, the new teeth had assumed a very orderly position, the separations between them being very slight. The patient does not remember losing teeth at the usual period of second dentition. The author adds that in his own case two molars of the lower jaw, which were extracted in his twenty-fifth year, were in the course of a year replaced by two new, good and durable [teeth.—*Med. Times and Gaz.*, March 28, 1857, from *Berlin Med. Zeitung*, 1856, No. 43.

ELECTRO-PUNCTURE IN A CASE OF SUPPOSED EXTRA-UTERINE FŒTATION.—*L' Union Médicale* gives an account of a case of this abnormal course of conception, treated by Dr. Bachetti, of Pisa. The patient was twenty-nine years of age, had had several children before, and presented, in the third month of pregnancy, a tumor in the left iliac fossa, which was looked upon by Dr. Bachetti, and Drs. Burci, Torri, and Barrolini, who were called in consultation, as the result of a tubal extra-uterine fœtation. It was first attempted to arrest the development of the fœtus, and prevent the fatal hemorrhage which generally takes place after the third month, by frictions of mercury and hemlock; but recourse was finally had to electro-puncture, with the view of destroying the fœtus, and this was accomplished by the implantation of two needles into the tumor, and directing into the latter an electro-magnetic current. Some pain was experienced by the patient, and it was surmised that the development of the fœtus was arrested. Nor were the physicians disappointed in this respect, as the tumor rapidly diminished, and was reduced to the size of a pigeon's egg, after having been as large as a man's fist. The catamenia, which had not appeared for three months, returned, and the patient is doing well. It may of course be asked whether the diagnosis was quite correct, and whether the tumor might not have been simply an ovarian one. The operation itself, and the results, are nevertheless facts of great value, and may open a new field of inquiry to those who have to cope with abdominal tumors in females.—*Lancet*, May 2, 1857.

Microscopical Soiree.—On Tuesday evening a microscopical *soirée* was held at Apothecaries' Hall. A great number of microscopes was exhibited, the walls of the rooms were covered with colored diagrams (illustrative of microscopic structures and of various objects of natural history,) exotic plants, including palms, ferns, the pitcher plant, and many others. Among the microscopic objects exhibited were, the circulation in the foot of a frog, and in the branchiæ of the tadpole; the partial circulation or cylosis, in certain vegetables, the *Chara*, the *Nitella*, the *Valisneria spiralis*, and the plant lately discovered, the *Anacharis alsinastrum;* infusorial and rotiferous animalcules, and various forms of polypifera in a living condition; specimens of micrographic writing and photography, and minute shells and crystals, exhibited both by common and polarized light. In fact, it may be stated that every form of microscope, and every kind of illustration, were to be seen, the whole of the Microscopic Society having been invited, together with all the London manufacturers of that instrument, including Mr. Ross, Messrs. Smith and Beck, Mr. Pillischer, etc. Among the colored illustrations hanging on the walls, considerable interest was excited by the original sketches, made by the late Sir Charles Bell, on the field of Waterloo, exhibiting various forms of gun-shot and sabre wounds. Mr. Quekett's diagrams, illustrative of vegetable structures, and those of Dr. Lionel Beale, showing the minute structure of the liver, and his representations of urinary crystals and calculi, were also much admired. A specimen of bronzed skin attracted much attention. It showed very beautifully the deposit of pigment over the ridges of the papillæ. Among the philosophical apparatus displayed was a beautiful instrument, constructed by Mr. George Knight, in which the continuous current of electricity produced by the galvanic battery is converted, by passing through three miles of copper wire, coiled round a bundle of iron wires, into a spark of such intensity as to give a vivid aurora light through a vacuum forty inches in length. The rooms were crowded during the evening, and among the visitors we noticed many gentlemen distinguished in the medical profession or in the pursuit of natural science. The arrangements reflected great credit on the stewards.—*Med. Times and Gaz.*, May 2, 1857.

ANATOMICAL PREPARATION.—Please allow me to recommend a simple plan which will save an immense amount of labor in making anatomical preparations, especially those prepared by students in comparative anatomy: it has succeeded so well with me that I am anxious others may save labor likewise. The plan is, to cut off as much of the flesh as can be conveniently done, and then having put the skeleton thus "in the rough," in a box to prevent cats or dogs from disturbing it, place it where the ants can get at it and in a week or ten days the student will find every part stripped perfectly clean and presenting a far more beautiful preparation than any man can possibly make. The ants will take off the flesh without touching the ligaments, and leave every bone perfectly clean, even if it is no larger than a pin; some years since I made some preparations of small fish, and so elegantly were they cleaned that no lover of anatomy could well look on them without a quickening of the pulse. The box should be perforated with holes so as to allow the ready ingress and egress of the little dissectors; if too much flesh is left on, decomposition will take place to such an extent as to injure the ligaments, but if the flesh is pretty well taken off where it is thick, the ligaments will be uninjured. The skeleton "in the rough" should be secured in the desired position by a few pins, and the student can then transfer it from the box to the museum without further trouble, except varnishing. The student will then have in a few years a splendid set of specimens, instead of the shrivelled unsightly specimens looking like a dried rat skin that some old mouser has left. Tiresome labor and a great waste of time will be saved by this plan, and these will be sufficient to recommend it, independent of the beauty of the specimens.—*Nashville Journal of Medicine.*

B. H. WASHINGTON.

Experiments in Re-vaccination.—We find in the late number of the *Zeitschrift der k. k. Gessellshaft der Aerrte zu Vien*, the following results of re-vaccination in the House of Correctien, at Vienna, by Dr. F. Scholtz. The trials were made on 126 men and 37 women, and re-vaccination succeeded in 36 men and 12 women. The following were the conclusions of the writer:

1. The average proportion of successful cases was one in three.

2. The sex of the patient exercised no influence on the result.

3. The susceptibility to re-vaccination was in the inverse proportion to the number and perfection of the cicatrices left by previous vaccination.

4. This susceptibility increased in proportion to the length of time between the vaccinnation and the re-vaccination.

5. The increased susceptibility to the vaccine disease manifested itself both in the greater number of cases, and the greater number of perfect vesicles in each case.

6. In a few cases, variolous disease occurred 11 years after previous vaccination, and in no case did re-vaccination succeed earlier than eight years after variolous disease.

7. In no case was the normal course of re-vaccination accompanied by febrile symptoms, and when these did occur, the patient was either suffering from other disease, or the course of the vaccine disease was abnormal.

8. The majority of chronic diseases were not modified by re-vaccination, nor did they exercise any particular influence on the course of the vaccine vesicle.

9. In two cases accompanied by chronic spasms were the convulsions suspended during the course of the vaccine disease.

Pathological Specimens.—Dr. Goadby uses the following mixture for the preservation of fresh anatomical and pathological specimens: rock salt ℥ij; nitrate of potash (to preserve color) ʒij; boiling water ℥iv. Mix and filter. This is said to be far superior to alcohol, and the color of preparations is better preserved.

LIBERTY OF THE MEDICAL PRESS IN FRANCE.—After the celebrated *coup d'état*, which established the position of the present ruler of France, not a word was allowed to transpire in the French medical jurnals respecting the fate or treatment of the wounded. Not a case was related, not a clinical observation made; and as far as could be learned from these journals, such an event, even as regarded its scientific teachings were concerned, had never occurred; although respecting former outbreaks no such silence had ever been observed. Matters do not seem to be much better now, the medical journals being subjected to the same interdict as the political ones, for instance, of not discussing the mental state of Verger the assassin of the archbishop. The editor of the *Moniteur des Hôpitaux*, after having in a previous number stated his intention of discussing at full the reasons which, in his mind, proved Verger to be insane, has been obliged in a subsequent one to announce that he is under the necessity of abandoning this project.—*Med. Times.*

QUACKOLOGY.—"One of the most impudent of the class I ever read of was Dr. Graham, the inventor of the 'Electrical Ether,' the 'Nervous Ethereal Balsams,' the 'Imperial Pills,' the 'Liquidamber, or Preventive Lotion,' the 'British Pills,' and the 'Bracing or Restorative Balsam.' Dr. Graham assumed to be a graduate of the University of Edinburgh, and made the 'Electrical Cure' his point. He opened in Pall-mall the 'Temple of Health and of Hymen,' in 1781–82, whither people resorted to be healed, and where, 'at the electrical altar, or on the medico-electrical throne, without shock or any kind of uneasiness, into the general system, to the seat of the disease, or only to parts particularly affected, were conveyed the pure, active, balmy, bracing, and restorative effluvia of medicines, simply, or combined with full, genial tide of the celestial electric fire or vital light, magnetic effluvium, vivifying and etherial nitrous air, or any other of those great primary elementary principles, which are the universal pabulum or vital food of animal life, and, indeed, of universal nature!'

"This was Pretty extensive in its way, but was nothing to the doctor's private medical advice to married ladies and gentlemen who are not blessed with children. Here he out-Herod's Herod! He can fan and blow up the smallest spark of our virility, or even the expiring embers of affection, and the vital generative powers in either sex, into a genial and prolific flame . . . . so as to make man and wife sweeter, lovelier and more desirable in the eyes of each other, the lady (age no matter) speedily becoming a healthy and happy mother!

"In the 'Temple of Health and Hymen,' Dr. Graham gave great allegorical morning concerts; to his name, odes, sonnets, and acrostics, were written; some absurd, and others infamously wicked.

"The reader interested in Quackology will find, in the library of the Medical Society of London, the transactions of this great quack, who, if the story there given be no exaggeration or satire, was assuredly, the King of Quackdom in the eighteenth century.

I am, &c., R. Cos."

Med. Times and Gaz., Nov. 29, 1856.

Statistics of Hernia.

From an analysis of one hundred and twenty-six fatal cases of hernia, in Guy's hospital, the following, among other conclusions, have been come to:

That femoral hernia requires operation twenty-five per cent. more frequently than inguinal—success in its reduction by the taxis being less frequent.

That half the fatal cases of hernia die within forty-eight hours after the operation.

That three-fourths of the csses which refuse to rally after the operation, are femoral.

That in about sixty-nine per cent. of fatal cases, inflammation exists sufficient to produce death.

That femoral hernia is more frequently gangrenous than inguinal.

That ruptured bowel from the taxis is most frequent in femoral hernia.

That fecal extravasation does not necessarily follow rupture of intestine.

That fecal extravasation does not occur so often as fifty per cent. in cases of rupture or perforation of the bowel.

That in femoral hernia, early operation is most imperative, and after operation, much more frequently followed by sinking.—*Guy's Hospital Reports.—Western Lancet.*

Large Doses of Iodide af Potassium in Scrofula.

Dr. F. B. Watkins, of Goochland, Va., gives, in the *Monthly Stethoscope,* some cases in which he used this remedy successfully, in very large doses, in the treatment of scrofulous diseases. The first case was of a young lady, of slight and delicate figure and lymphatic temperament, who had an abscess near the spinal column, in the lumbar region, which discharged immense quantities—"quarts"—of pus. This was followed by curvature of the spine. Dr. W. gave the iodide of potassium in increasingly large doses—doses increased *ad libitum* as long as the stomach would sustain them. Beginning with ten to fifteen grains per diem, he continued to increase the dose until 150 grains were taken daily at three doses. At this point there was a marked improvement in the appearance of and discharge from the abscess. She continued taking this dose (150 grains daily) for a length of time, and *entirely recovered,* with the exception of the spinal curvature. Dr. W. gives the details of eight cases of scrofulous disease, in which the iodide was given in doses of 20 to 40 grains, three times a day—among them a little girl, five years of age, who took 40 grains, three times a day. In no case did the slightest unpleasant symptom interfere with the treatment.

Benefit Resulting from a Sea Voyage.

Dr. Simpson was so kind as to invite me, the other day, to go and visit with him an American lady under his treatment. I have his permission to detail the case. The patient is from New York City, and has had a severe menorrhagia for the last eight years. She has suffered, in conjunction with this, a long course of homœpathic treatment in New York. Her physicians had no clue to her real disease, never proposed the touch or the speculum, and finally in despair recommended a sea voyage, which luckily brought her to this city, (Edinburgh.) Her husband sent for Dr. Simpson, and judging from the minute history of the case and the condition of the patient, he concluded that she must have a polypus uteri. An examination showed the os uteri closed and of a normal size; but on the introduction of the uterine sound a uterine tumor was distinctly felt. The irritation of the sound brought on labor pains, and the tumor was soon forced through the cervix. Dr. S. preferring to let nature remove it if she would, left her in this condition. The next morning we found the patient very weak, having lost a large amount of blood.

The tumor still protruding through the crevix, Dr. S., anticipating danger from longer delay, siezed it with a pair of strong lithotomy forceps, and twisted it from its attachments. The hemorrhage, ceased at once, and the patient, under a careful tonic course, is rapidly recovering health and strength, a remarkable instance, upon the whole, of the benefit of a sea voyage in getting rid of a prolapsus uteri.—*Correspondence of Western Lancet.*

PŒONIA OFFICINALIS IN THE CONVULSIONS OF CHILDREN. — Dr. Livezey, in the *Boston Medical and Surgical Journal*, has the following remarks respecting the virtues of this plant in infantile convulsions:

" This plant has been much used by the old matrons in this country, and with uniform success. A case not long since happened, that apparently proved its antispasmodic power. A child of nine years had labored under convulsions daily, for several weeks. All the resources of the skill of three physicians had successively been exhausted without benefit, when "Aunt Polly" happened to call in with dried "*piney*" root in her pocket—one dose of which she administered, as above, and, strange to say, that, *vel post hoc, vel propter hoc*, the convulsions ceased *instanter*. Were this an isolated case, my credulity would cause me to say that it was a *post hoc* result—a happy coincidence; but such results are too thickly scattered over this community to allow me to doubt of its remedial power. It certainly possesses peculiar anodyne, or strong nervine powers; from the fact, further, that it will allay the nervous twitches, the subsultus, or the peculiar *startings* of infants during repose. In conclusion, I hope that the profession will throw aside prejudice in obstinate cases, and give this article a trial. The mode of administration is this: take of the dried root, grated, half a teaspoonful, scald it and sweeten, and give the whole at once to a child three or five years old, *ter die*. To an infant, the same amount may be given in divided doses, during the day or 24 hours."

DEATH FOLLOWIG THE INHALATION OF CHLOROFORM IN SURGICAL OPERATIONS.—Mr. T. Holmes has published (British Medical Journal, Jan. 24, 1857,) a table of deaths under the influence of chloroform, in the years 1853, 1854 and 1855, which, with the table published in the Association Medical Journal for 1853, p. 131, contain the records of fifty deaths under chloroform, occurring during the eight years, 1848 to 1855, inclusive. In thirty-nine of these, post-mortem examinations were made; in the great majority the chloroform was given by qualified medical men.

The following summary of these tables is given (British Medical Journal, Feb. 21, 1857,) by Mr. Holmes:

1. *Sex.*—This is noted in 44 cases: 21 were males, 23 females.

2. *Age.*—All were persons in the middle period of life; no children, and only one man above the age of 60.

3. Most of the operations were of a comparatively trifling character.

4. The chloroform was given on a handkerchief, cloth, towel, or piece of lint, in 27 cases; on a sponge in 4; on an inhaler or other apparatus (not described) in 8; on Dr. Snow's inhaler in 3. In 8 cases the apparatus is not specified.

5. The quantity used was ʒj and under in 13 cases; ʒij and under in 12; ʒij to ℥ss in 3; a larger quantity in 8; not specified, 14.

6. The time is noted in 32 cases: 2 minutes and under in 15 cases 2 to 5 minutes in 6 cases; 5 to 10 minutes in 6 cases; above 10 minutes in 5 cases (in one of them, 40 minutes.

7. The symptoms are intelligibly described in 36 cases.

In 19 there was no previous struggle; in all of these, except one, the pulse ceased before or at the same time with the inspiration.

In 17 there was previous struggle; in 4 of these, lividity and failure of respiration was next noticed; in 13, failure of the pulse, or of the bleeding from the wound, generally preceded by pallor.

8. Of 33 cases, in which post-mortem examinations were made;

a. Eight, viz: Nos. 15, 22, 31, 32, 34, 42, 46, 50, showed no appreciable morbid appearances, i. e., referable to chloroform; for one (No. 34) is said to have represented extravasation of blood in the spinal canal.

b. The heart is reported soft or flaccid in 10 cases, Nos. 3, 9, 16, 19, 20, 23, 24, 27, 30, 46; fatty in 9, Nos. 26, 29, 33,* 35, 36, 37, 38,* 41, 45. The cases marked thus * were two of the oldest patients in the list, and the morbid appearance seems not to have exceeded the traces of fatty degeneration usually found at that period of life. The heart was flaccid and empty in 7 cases, Nos. 2, 5, 8, 9, 10, 14, 48; full in 1, No. 1.

The blood was usually fluid; air was found in it in 3 cases, Nos. 2, 5, 24.

c. The lungs were congested in 14 cases, Nos. 1, 2, 5, 8, 9, 10, 16, 19, 20, 23, 28, 45, 46, 50.

d. The brain was congested in 7 cases, Nos. 1, 14, 16, 20, 23, 32, 44.

e. Other viscera were congested in 6 cases, Nos. 1, 10, 16, 20, 24, 30.

f. There was organic disease in four cases besides that of the heart, viz : aneurism, No. 39 ; phthisis, No. 3 ; atheromatous arteries, Nos. 33, 38. The latter had also granular degeneration of the kidneys. It will be observed that the latter two had also fatty degeneration of the heart, but to a slight extent.

In considering the results of the tables of which a summary is here given, there is one thing which must, I think, attract the attention of every reader : I mean the fact that no child or any old person died from the administration of chloroform. This is a forcible confirmation of the view which I was endeavoring to enforce in my previous communication, viz : that most of the fatal accidents from chloroform have arisen from some imperfection in the method of its administration, and are not to be regarded as unavoidable results of its continued use, when that method shall have become better understood and more carefully followed. Otherwise, what cause can be given for the exemption which children have enjoyed? Chloroform is given even more frequently to children than to adults, as the intractability of the former renders its use necessary or expedient in many minor operations (such as passing sounds, exploring diseased parts, etc.) where it is not employed in the latter. Children, again, are affected by a less quantity of chloroform than adults, and are generally more exposed to the influence of narcotics; so that, on all accounts, we should have expected a more than proportionate mortality among them ; instead of which, no case is found reported in eight years. I can hardly imagine any cause for this, except that which is found in the fact that every one is aware of the facility with which children are narcotized, the danger of an over-dose, and consequently the necessity of caution ; and it is not an unfair inference that, if this caution were more generally exercised, the number of deaths would be much reduced. The same observations apply to the other extreme of life. At any rate, we may say that our present experience negatives the doctrine which has been sometimes propounded, that the extremes of age are contra-indications in the use of chloroform."—*Vir. Med. Journal.*

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